

ORIGINAL

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION2013 NOV 21 PM 2:45  
DEPUTY CLERK *[Signature]*Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983CURLEY J. BOKEN JR. #01774868.

Plaintiff's name and ID Number

JESSIE DAWSON STATE JAIL.

Place of Confinement

3-13 CV-4643 D

CASE NO:

(Clerk will assign the number)

v. CARRIE HUCKLEBIDGE, MANAGER IIIALLEN HIGHTOWER DRIVE, P.O. BOX 99, HUNTSVILLE TEXAS 77342.

Defendant's name and address

LANNETTE LINTHICUM, DER.

Defendant's name and address

2 FINANCIAL PLZ, Ste 625, HUNTSVILLE, TEXAS 77340.MICHELL PHELLIP, SENIOR WARDEN DAWSON STATE JAIL P.O. BOX  
Defendant's name and address  
(DO NOT USE "ET AL.") 650051 DALLAS, TEXAS 75265.

## INSTRUCTIONS - READ CAREFULLY

## NOTICE:

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

ROLANDA WINFIELD, ASSISTANT WARDEN DAWSON STATE JAIL  
P.O. Box 650051 DALLAS, TEXAS 75265.

GRADY WALLACE, DEPUTY DIRECTOR PRIVATE FACILITY CONTRACT  
MONITORING, 2 FINANCIAL PLZ Ste 300 HUNTSVILLE TEXAS 377340.

PLAINTIFF ASSERTS EACH DEFENDANT IS SUED IN BOTH OF  
THEIR INDIVIDUAL AND OFFICIAL CAPACITY.

PLAINTIFF ASSERTS EACH DEFENDANT AT ALL TIME MENTION IN  
THIS COMPLAINT ACT OR OMISSION WERE, CALLOUS, DELIBER-  
ATELY INDIFFERENT WHILE ACTING UNDER A COLOR OF  
STATE LAW.

THE COURT UNANIMOUSLY HELD IN HAINES A PRO SE COMPLAINT  
HOWEVER INARTFULLY PLEADED MUST BE HELD TO LESS STRI-  
NGENT STANDARD THAN FORMAL PLEADING DRAFTER BY LAW-  
YERS AND CAN ONLY BE DISMISSED FOR FAILURE TO STATE  
A CLAIM, IF IT APPEARS BEYOND DOUBT THAT THE PLAINTIFF  
CAN PROVE NO SET OF FACTS IN SUPPORT OF HIS CLAIM.

#### STATEMENT OF THE CASE:

IN MAY 2012, PLAINTIFF WERE TRANSFERRED TO DAWSON STATE  
JAIL AT INTAKE CLASSIFICATION COMMITTEE PLAINTIFF  
GAVE WARDEN WINFIELD NOTICE HE SUFFER WITH SLEEP  
APNEA AND HE NEEDED A CPAP MACHINE FOR HIS ILLNESS.

PLAINTIFF HOWEVER REQUESTED NOT TO BE HOUSE IN A DORMITORY POPULATION BECAUSE HE HAD BEEN ASSAULTED BY DORMATES FOR LOUD SNORING. WARDEN WINFIELD ALLOWED PLAINTIFF TO PLACE IN SEGREGATION PENDING MEDICAL RECOMMENDATION FOR A CPAP MACHINE AND UNIT TRANSFER. MAY 22, 2012, A HEALTH CARE PROVIDER SCHEDULED AN APPOINTMENT SO PLAINTIFF WOULD BE EXAMINE BY DR. REID. IN JUN 2012, DR. REID DIAGNOSED PLAINTIFF WITH OBSTRUCTIVE SLEEP APNEA AND RECOMMENDED POLYSOMNOGRAPH SLEEP STUDY. SEE APPENDIX A CORRECTIONAL MANAGED CARE CLINIC NOTES: DR. REID RECOMMENDED PLAINTIFF BE HELD IN MEDICAL ISOLATION PENDING POLYSOMNOGRAPH STUDY. IN JUL 2012, WARDEN PHILLIP MOVE TO HAVE THE MEDICAL ISOLATION REMOVE BECAUSE PLAINTIFF KEPT FILING GRIEVANCES FOR A DENIAL OF RECREATION AND LIVING CONDITIONS. SEE APPENDIX B GRIEVANCE NO. 2013080486: WARDEN PHILLIP NOTIFIED ROBERT KANE JR, HEALTH SERVICE AND HELD A PRIVATE HEARING FOR REMOVAL OF MEDICAL ISOLATION. PLAINTIFF RECEIVE NO ADVANCE NOTICE OF THE HEARING AND NOT ALLOWED TO ATTEND THE HEARING. THE ONLY EVIDENCE TO SHOW WHAT OCCURRED AT THE HEARING IS THE ADMINISTRATIVE GRIEVANCE NUMBER 2013080486 FILE BY PLAINTIFF. WHEREFORE, WARDEN PHILLIP ASSERTED PLAINTIFF MEDICAL CONDITION DID NOT MEET CRITERA FOR MEDICAL ISOLATION. PLAINTIFF ASSERTS WARDEN PHILLIP'S SOLE PURPOSE FOR HAVING THE MEDICAL ISOLATION REMOVE WAS RETALIATION SO HE WOULD MANUFACTURE

DISCIPLINARY CASES AGAINST PLAINTIFF TO JUSTIFY THE DENIAL OF RECREATION. SEE DISCIPLINARY CASES IN APPENDIX: DUE TO THE FACT DAWSON PRISON MEDICAL OFFICIALS DENIED MEDICAL SERVICES EIGHT MONTHS, WARDEN PHILLIP WERE ALLOWED TO MANUFACTURE DISCIPLINARY AGAINST PLAINTIFF AND DENIED HIM OF RECREATION 310 DAYS, IN SEGREGATION. IN JUN DOCTOR REED ORDER THE FIRST POLYSOMNOGRAPH SLEEP STUDY THE APPOINTMENT WASN'T SCHEDULED UNTIL SEPTEMBER 04, 2012. THE SECOND APPOINTMENT WASN'T SCHEDULED UNTIL FEBRUARY 11, 2013; THE THIRD APPOINTMENT WASN'T SCHEDULED UNTIL MARCH 14, 2013. THE FOURTH APPOINTMENT WASN'T SCHEDULED UNTIL JUL 19, 2013; THEN PLAINTIFF WERE ADVISED IN SEPTEMBER 2013 THE CPAP MACHINE DENIED. THE FIFTH APPOINTMENT POLYSOMNOGRAPH SLEEP STUDY WASN'T UNTIL OCTOBER 15, 2013, PLAINTIFF RECEIVE CPAP MACHINE.

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

#### **CHANGE OF ADDRESS**

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

#### **I. PREVIOUS LAWSUITS:**

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? \_\_\_\_\_ YES 7 NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
Plaintiff(s): \_\_\_\_\_  
Defendant(s): \_\_\_\_\_
  3. Court (If federal, name the district; if state, name the county) \_\_\_\_\_
  4. Docket Number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_  
\_\_\_\_\_
  7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: DALHART UNIT 11930 FM 998, DALHART TEXAS 79022

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? ☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: CURLEY JAMES BOYLEIN 01774868, DALHART UNIT 11930 FM 998, DALHART, TEXAS 79022

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: CARRIE HUCKLEBRIDGE, CORRECTIONAL MANAGER THREE, HEALTH SERVICE, ALLEN HIGHTOWER DR. P.O. Box 99, HUNTSVILLE, TX 77342

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

A DEPRIVATION OF PLAINTIFF PROPERTY WITHOUT DUE PROCESS.

Defendant #2: LANNETTE LINTHICUM, DIRECTOR HEALTH SERVICES 2 FINANCIAL PLZ, Ste 625 HUNTSVILLE, TEXAS 77340.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

A DENIAL OF MEDICAL CARE 365 DAYS FOR A SERIOUS ILLNESS.

Defendant #3: MICHAEL PHILLIP, WARDEN AT DAVISON STATE JAIL P.O. Box 650051 DALLAS, TEXAS 75265.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

A DEPRIVATION OF OUT CELL EXERCISE 310 DAYS IN SEGREGATION.

Defendant #4: ROLANDA WINFIELD, ASSET. WARDEN AT DAVISON STATE JAIL P.O. Box 650051 DALLAS, TEXAS 75265.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

A DEPRIVATION OF OUT CELL EXERCISE 310 DAYS IN SEGREGATION.

Defendant #5: GRADY WALLACE, DEPUTY DIRECTOR PRIVATE PRISON 2 FINANCIAL PLZ Ste 300 HUNTSVILLE, TEXAS 77340.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

A DEPRIVATION OF OUT CELL EXERCISE 310 DAYS IN SEGREGATION.

## ACTS, OMISSION OF DEFENDANTS:

(1). DEFENDANT CARRIE HUCKLEBRIDGE, MANGER THREE HEALTH CARE SERVICES TRUST IS LEGALLY RESPONSIBLE FOR THE OVER-ALL OPERATION OF MEDICAL CO-PAYMENT. IN MAY 2012 THE PLAINTIFF WERE CHARGE A MEDICAL COPAYMENT FOR SERVICES THAT RESULTED AS CHRONIC. DEFENDANT HUCKLEBRIDGE REFUSED TO REIMBURSE THE ONE HUNDRED DOLLARS BACK TO PLAINTIFF PRISON ACCOUNT. THE CORRECTIONAL HEALTH CARE MANUAL DOES NOT STATE INMATES WILL BE CHARGE FOR CHRONIC MEDICAL SERVICES. IN FEBRUARY 2013, THE PLAINTIFF REQUEST FOR REIMBURSEMENT BUT WAS DENIED. PLAINTIFF FILED A STEP TWO ADMINISTRATIVE GRIEVANCE WITH DEFENDANT HUCKLEBRIDGE OFFICE REQUESTING FOR REIMBURSEMENT BUT WAS DENIED. DEFENDANT HUCKLEBRIDGE STATED IN THE RESPONSE, A REVIEW OF THE MEDICAL RECORD INDICATED YOU WERE SEEN BY THE HEALTH CARE PROVIDER MAY 2012, FOR SNORING, SHORTNESS OF BREATH. THERE WERE NO DOCUMENTATION OF ANY DIAGNOSIS FOR SLEEP APNEA. THE CHARGE MAY 2012, IS VALID AND MONEY WILL NOT BE REFUNDED BACK TO YOUR ACCOUNT. SEE APPENDIX-C GRIEVANCES NO, 2013097075: DEFENDANT CARRIE HUCKLEBRIDGE SHOWED, CALLOUS, DELIBERATE INDIFFERENT THEREBY DEPRIVING PLAINTIFF OF HIS PROPERTY WITHOUT DUE PROCESS OF LAW BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE STATE HAS POWER TO CONTROL.

(2) DEFENDANT LANNETTE LINTHICUM, DIRECTOR HEALTH SERVICES DIVISION TDCJ IS LEGALLY RESPONSIBLE FOR THE OVERALL OPERATION OF HEALTH SERVICES IN THE INSTITUTIONAL DIVISION. IN JUN 2012, DR. REED DIAGNOSED PLAINTIFF WITH OBSTRUCTIVE SLEEP APNEA AND ORDER POLYSOMNOGRAPH SLEEP STUDY. PRISON MEDICAL OFFICIALS DENIED MEDICAL SERVICES FOR 365 DAYS PLAINTIFF FILE AN ADMINISTRATIVE GRIEVANCE NO. 2013107740 BUT PRISON MEDICAL OFFICIALS RESPONDED BY STATING, ALL MEDICAL APPOINTMENT WERE WITHIN THE TIME LINE MANDATED BY POLICY. DEFENDANT LINTHICUM SHOWED DELIBERATE, CALLOUS INDIFFERENT THEREBY DEPRIVING PLAINTIFF A CPAP MACHINE 365 DAYS FOR A SERIOUS MEDICAL ILLNESS AND CONSTITUTEIS CRUEL AND UNUSUAL PUNISHMENT BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE PRISON MEDICAL OFFICIALS HAS POWER TO CONTROL.

(3) DEFENDANT MICHELL PHILLIP, SENIOR WARDEN AT DAWSON STATE JAIL IS LEGALLY RESPONSIBLE FOR THE OVERALL OPERATION AT DAWSON AND FOR THE WELFARE OF ALL INMATES AT THIS JAIL. IN MAY 2012 UNTIL APRIL 2013 WARDEN PHILLIP CONFINED PLAINTIFF IN SEGREGATION 23 TO 24 HOURS A DAY FOR 310 DAYS WITH NO ACCESS TO OUT OF CELL EXERCISE, SUNLIGHT, OR FRESH AIR, A DEPRIVATION OF A BASIC HUMAN NEED. PLAINTIFF FILED AN ADMINISTRATIVE GRIEVANCE NO 2013040249 ALONG WITH REQUEST TO OFFICIALS STATING A DENIAL OF OUT CELL



EXERCISE. WARDEN PHILLIP, STATED IN HIS RESPONSE A REVIEW OF CLASSIFICATION RECORDS INDICATED THAT YOU WERE DENIED OUT OF CELL EXERCISE DUE TO DISCIPLINARY SANCTION. DEFENDANT MICHAEL PHILLIP SHOWED DELIBERATE, CALLOUS INDIFFERENT THEREBY DEPRIVING PLAINTIFF OF OUT CELL EXERCISE, SUNLIGHT, AND FRESH AIR 310 DAYS AND CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE OR CUSTOM THE WARDEN HAS POWER TO CONTROL.

(4) DEFENDANT ROLANDA WINFIELD, ASSISTANT WARDEN AT DAWSON STATE JAIL IS LEGALLY RESPONSIBLE FOR THE OVER-ALL OPERATION AT DAWSON AND FOR THE WELFARE OF ALL INMATES AT THIS JAIL. IN MAY 2012 UNTIL APRIL 2013, WARDEN WINFIELD CONFINED PLAINTIFF IN SEGREGATION 23 TO 24 HOURS A DAY FOR 310 DAYS WITH NO ACCESS TO OUT CELL EXERCISE, SUNLIGHT, AND FRESH AIR. A DEPRIVATION OF A BASIC HUMAN NEED. PLAINTIFF FILED AN ADMINISTRATIVE GRIEVANCE NO. 2012164804 ALONG WITH REQUEST FORMS TO OFFICIALS FOR THE DENIAL OF RECREATION. BUT WARDEN WINFIELD STATED IN THE RESPONSE AN INVESTIGATION INTO YOUR COMPLAINT DID NOT FIND EVIDENCE TO SUBSTANTIATE YOUR ALLEGATION OF YOUR LIVING CONDITIONS BEING VIOLATED. SERGEANT JENNING REPORTS THAT PROCEDURES ARE BEING FOLLOWED ACCORDING TO YOUR CURRENT RESTRICTION. DEFENDANT ROLANDA WINFIELD SHOWED

DELIBERATE CALLOUS, INDIFFERENT THEREBY DEPRIVING PLAINTIFF OF OUT CELL RECREATION, SUNLIGHT, AND FRESH AIR 310 DAYS AND CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE WARDEN HAS POWER TO CONTROL.

(5) DEFENDANT GRADY WALLACE, DEPUTY DIRECTOR FOR THE PRIVATE PRISON IS LEGALLY RESPONSIBLE FOR THE OVERALL OPERATIONS FOR PRIVATE PRISONS UNDER TDCJ JURISDICTION. IN MAY 2012 UNTIL APRIL 2013 THE DEPUTY DIRECTOR IS LEGALLY RESPONSIBLE FOR PLAINTIFF BEING CONFINED IN SEGREGATION SOME 23 TO 24 HOURS A DAY FOR 310 DAYS WITH NO ACCESS TO OUT CELL EXERCISE, SUNLIGHT, OR FRESH AIR. PLAINTIFF FILE AN ADMINISTRATIVE GRIEVANCES NO. 201216804, NO. 2013040249 WITH HIS OFFICE. BUT THE DEPUTY DIRECTOR STATED IN THE RESPONSE, AN INVESTIGATION WAS CONDUCTED INTO YOUR ALLEGATION FOR BEING DENIED RECREATION. THE DAWSON CONTRACT MONITOR WAS CONTACTED ON MARCH 6, 2013, SHE CONFIRMED YOU HAVE BEEN RECEIVING RECREATION DAILY. DEFENDANT GRADY WALLACE SHOWED DELIBERATE, CALLOUS, INDIFFERENT THEREBY DEPRIVING PLAINTIFF OF OUT CELL RECREATION BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE STATE HAS POWER TO CONTROL. SEE APPENDIX GRIEVANCES E-F

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

IN MAY 2012, DEFENDANT CARRIE HUCKLEBRIDGE SHOWED, CALLOUS, DELIBERATE INDIFFERENT WHILE ACTING UNDER COLOR OF STATE LAW THEREBY DEPRIVING HIM OF HIS PROPERTY WITHOUT PROVIDING HIM DUE PROCESS. SPECIFICALLY, CHARGING HIM FOR MEDICAL SERVICES THAT WERE NOT AUTHORIZED BY STATUTE, CHRONIC CARE. PLAINTIFF CONTEND THE ONE-HUNDRED DOLLARS CHARGE FOR A CHRONIC ILLNESS AND REFUSING TO REIMBUSED MONIES TAKEN FROM HIS ACCOUNT DEPRIVED HIM OF DUE PROCESS. PLAINTIFF FILE ADMINISTRATIVE GRIEVANCE NO. 2013097075 BUT DEFENDANT RESPONDED WITH A REVIEW OF THE MEDICAL RECORD INDICATED YOU WERE SEEN

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

PLAINTIFF SEEK A PRELIMINARY AND PERMANENT INJUNCTION ORDERING DEFENDANT LINTHICUM TO STOP DENYING MEDICAL

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

CURLEY JAMES BOYKEN

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

UNKNOWN

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? \_\_\_\_ YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? \_\_\_\_ YES \_\_\_\_ NO

## STATEMENT OF CLAIM:

## DUE PROCESS VIOLATION;

BY THE HEALTHCARE PROVIDER MAY 21, 2012 FOR COMPLAINTS OF SNORING AND SHORTNESS OF BREATH. THERE WAS NO DOCUMENTATION OF ANY DIAGNOSIS OF SLEEP APNEA AT THIS VEST. THE CHARGE FROM MAY 21, 2012, IS VALID AND MONEY WILL NOT BE REFUNDED. DEFENDANT HUCKLIBRIDGE SHOWED DELIBERATE, CALLOUS, INDIFFERENT THEREBY REFUSING TO REFUND THE MONEY IN PLAINTIFF PRISON ACCOUNT. THE DEFENDANT'S ACTION WERE PUNITIVE IN NATURE ALTHOUGH PLAINTIFF IS INCARCERATED HE WAS NOT STRIPPED OF ALL CONSTITUTION PROTECTION AND HAS RIGHT TO OWN AND ENJOY PROPERTY PROTECTED BY THE FIFTH AND FOURTEENTH AMENDMENT. THE GRAMMANT OF THIS SECTION 1983 PLAINTIFF WAS ENTITLED TO DUE PROCESS BEFORE BEING SUBJECT TO SUCH CHARGED. PLAINTIFF ARGUES THAT THERE WERE NO STATUTORY AUTHORITY FOR CHRONIC MEDICAL SERVICES, AND THE CORRECTIONAL HEALTH CARE MANUAL DOES NOT STATE PLAINTIFF WOULD BE CHARGED FOR CHRONIC MEDICAL SERVICES. PLAINTIFF ARGUES HE HAS A PROPERTY INTEREST IN THE FUNDS IN HIS PRISON ACCOUNT TO THE EXTENT THAT THEY CONSTITUTE MONIES RECEIVE FROM FAMILY AND FRIENDS OUTSIDE THE PRISON, AND HE CLEARLY HAS A PROPERTY INTEREST IN THEM. GIVEN A VALID PROPERTY INTEREST IN FUNDS IN THE ACCOUNT PLAINTIFF CAN NOT BE DEPRIVED OF HIS PROPERTY WITHOUT

DUE PROCESS OF LAW BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE STATE HAS POWER TO CONTROL. PLAINTIFF MOREOVER ARGUES THE CORRESPONDENCE FROM PAM BRADY AND CARRIE HUCKLEBRIDGE ADMINISTRATIVE GRIEVANCES STEP ONE AND STEP TWO SUPPORT THE IMPRACTICABILITY OF PROVIDING PLAINTIFF PRE DEPRIVATION PROCESS. DEFENDANT HUCKLEBRIDGE SHOWED DELIBERATE, CALLOUS, INDIFFERENT ACTING UNDER A COLOR OF STATE LAW CAUSING PLAINTIFF PAIN, SUFFERING, AND PHYSICAL INJURY. WHEREFORE PLAINTIFF PLEAD A CLAIM FOR A DEPRIVATION OF HIS PROPERTY WITHOUT DUE PROCESS.

### DENIAL OF MEDICAL

IN JUN 2012, DOCTOR ROY REID DIAGNOSED PLAINTIFF WITH OBSTRUCTIVE SLEEP APNEA, A SERIOUS MEDICAL ILLNESS. DR. REID ORDER A POLYSOMNOGRAPH SLEEP STUDY WITH REGARDS OF APPROVING PLAINTIFF FOR CPAP MACHINE, BUT PRISON MEDICAL OFFICIALS FAILED TO PROVIDE MEDICAL SERVICES UNTIL 365 DAYS ELAPS. PLAINTIFF FILED AN ADMINISTRATIVE GRIEVANCE NO. 2013107740 BUT THE PRISON MEDICAL OFFICIALS STATED IN THE RESPONSE, YOU WERE REFERRED TO THE PULMONARY CLINIC JUN 07, 2012, FOR EVALUATION. THE APPOINTMENT WAS SCHEDULED FOR SEPTEMBER 04, 2012, AND YOU MISSED THE APPOINTMENT. YOU WERE REFERRED ON SEPTEMBER 20, 2012, AND EVALUATED ON FEBRUARY 11, 2013; YOU WERE REFERRED ON MARCH 14, 2013 AND SEEN.

YOU WERE REFERRED ANOTHER POLYSOMNOGRAPH SLEEP STUDY JUN 20, 2013 AND SEEN JUL 19, 2013. YOU WERE DENIED CPAP MACHINE. YOU WERE REFERRED SEPTEMBER 2013, AND SEEN ON OCTOBER 17, 2013, AND APPROVED FOR CPAP MACHINE. THE CORRESPONDENCE FROM MEDICAL OFFICIALS SUPPORTS THE DENIAL OF MEDICAL CARE CAUSING PLAINTIFF PAIN, SUFFERING, AND PHYSICAL INJURY, BECAUSE OF AN ESTABLISHED POLICY PROCEDURE, OR CUSTOM THE STATE HAS POWER TO CONTROL AND CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT. DEFENDANT LANNETTE LINTHICUM SHOWED DELIBERATE, CALLOUS, INDIFFERENT, WHILE ACTING UNDER A COLOR OF STATE LAW, THEREBY DEPRIVING PLAINTIFF OF A CPAP MACHINE 365 DAYS THAT NO ONE SUGGEST WOULD SERVE ANY PENOLOGICAL PURPOSE. THIS KIND OF DENIAL OF MEDICAL CARE IS INCONSISTENT WITH CONTEMPORARY STANDARD OF DECENCY. DEFENDANT LANNETTE LINTHICUM HAS AN OBLIGATION TO CARE FOR PLAINTIFF WHO CAN NOT BY REASON OF THE DEPRIVATION OF HIS LIBERTY CARE FOR HIMSELF. PLAINTIFF MUST RELY ON THE DEFENDANT FOR HIS MEDICAL NEED, IF THE DEFENDANT FAIL TO DO SO PLAINTIFF NEED WILL NOT BE MET. WHEREFORE PLAINTIFF PLEAD A CLAIM FOR DELIBERATE, CALLOUS, INDIFFERENT OF A SERIOUS MEDICAL NEEDED.

#### DENIAL OF OUT CELL EXERCISE:

THE DEFENDANTS WARDEN PHELLIP, WARDEN WINFIELD, AND DEPUTY DIRECTOR WALLACE SHOWED DELIBERATE, CALLOUS,

INDIFFERENCE WHILE ACTING UNDER A COLOR OF STATE LAW THEREBY CONFINING PLAINTIFF IN SEGREGATION SOME 310 DAYS FOR 23 TO 24 HOURS A DAY WITH NO ACCESS TO OUT CELL PHYSICAL EXERCISE, SUNLIGHT, OR FRESH AIR; A DEPRIVATION OF A BASIC HUMAN NEED. THE DEFENDANTS' CALLOUS ACTION CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT. IN JUN 2012, WARDEN PHILLIP BEGAN ISSUING DISCIPLINARIES AGAINST PLAINTIFF FOR HIS REFUSAL TO MOVE INTO GENERAL POPULATION. PLAINTIFF WAS GIVEN 45 DAYS RECREATION RESTRICTION IN EACH DISCIPLINARY AND NOT ALLOWED OUT OF THE CELL. HOWEVER THE GUIDELINE IN ADMINISTRATIVE DIRECTIVE 03.05 PROVIDE: THAT INMATES ON RECREATION RESTRICTION SHALL BE ALLOWED OUT CELL PHYSICAL EXERCISE TWO HOURS EVERY SEVEN DAYS. PLAINTIFF FILED AN ADMINISTRATIVE GRIEVANCE BUT WARDEN PHILLIP ASSERTED IN THE RESPONSE, A REVIEW OF CLASSIFICATION RECORD INDICATED THAT YOU WERE DENIED OUT CELL EXERCISE DUE TO DISCIPLINARY SANCTION, PLAINTIFF FILED AN ADMINISTRATIVE GRIEVANCE NO. 2012164804, MAY 19, 2012, WITH REGARD ADMINISTRATIVE DIRECTIVE 03.50 FOR A DENIAL OF RECREATION. BUT WARDEN WINFIELD STATED IN THE RESPONSE AN INVESTIGATION INTO YOUR COMPLAINT DID NOT FIND EVIDENCE TO SUBSTANTIATE YOUR ALLEGATION OF BEING DENIED RECREATION. SERGEANT JENNING REPORTS THAT PROCEDURE ARE BEING FOLLOWED ACCORDING TO YOUR CURRENT RESTRICTION; PLAINTIFF FILED AN ADMINISTRATIVE STEP TWO GRIEVANCE WITH REGARDS TO ADMINISTRATIVE DIRECTIVE

03, 50 WITH THE DEPUTY DIRECTOR OFFICE. BUT MR. WALLACE ASSERTED IN HIS RESPONSE, YOUR STEP TWO GRIEVANCE NO. 2013040249 HAS BEEN REVIEWED BY OUR OFFICE AN INVESTIGATION WAS CONDUCTED INTO YOUR ALLEGATION OF BEING DENIED RECREATION. THE DAWSON STATE JAIL TDCJ MONITOR WAS CONTACTED MARCH 06, 2013, SHE CONFIRMED YOU HAVE BEEN RECEIVING RECREATION DAILY. THE CORRESPONDENCE FROM THE PRISON OFFICIALS IN STEP ONE AND STEP TWO ADMINISTRATIVE GRIEVANCES SUPPORTS THE DENIAL OF RECREATION FOR 310 DAYS AND CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT. CAUSING PLAINTIFF PAIN, SUFFERING, AND PHYSICAL INJURY BECAUSE OF AN ESTABLISHED POLICY, PROCEDURE, OR CUSTOM THE STATE HAS POWER TO CONTROL. WHEREFORE PLAINTIFF PLEAD A CLAIM OF A DEPRIVATION OF A BASIC HUMAN NEED.

#### QUASI JUDICIAL IMMUNITY:

PLAINTIFF ARGUES THAT THE DEFENDANTS CARRIE HUCKE BRIDGE, LANNETTE LINTHICUM, MICHELL PHILLIP, ROLANDA WINFIELD, AND GRADY WALLACE ARE ENTITLED TO QUALIFIED IMMUNITY ONLY INsofar AS THEIR CONDUCT DOES NOT VIOLATE CLEARLY ESTABLISHED STATUTORY OR CONSTITUTIONAL RIGHTS OF WHICH A REASONABLE PERSON WOULD HAVE KNOWN, ALTHOUGH PLAINTIFF MUST DO MORE THAN OFFER CONCLUSORY ALLEGATION THAT THE DEFENDANTS VIOLATED A CLEARLY ESTABLISHED CONSTITUTIONAL RIGHT A PUBLIC OFFICIAL IS NOT ENTITLED TO QUALIFIED IMMUNITY



WHEN THE CONTOURS OF THE RIGHT ARE SUFFICIENTLY CLEAR THAT A REASONABLE OFFICIAL WOULD UNDERSTAND THAT WHAT HE IS DOING VIOLATED THAT RIGHT. (1) THE PLAINTIFF PLEAD THAT THE DEFENDANT HUCKLEBRIDGE VIOLATED HIS FOURTEENTH AMENDMENT RIGHT WITHOUT PROVIDING HIM DUE PROCESS WHILE ACTING UNDER A COLOR OF STATE LAW. DEFENDANT HUCKLEBRIDGE VIOLATED A CLEARLY ESTABLISH FOURTEENTH AMENDMENT RIGHT UNDER THE DUE PROCESS CLAUSE. THE DEFENDANT IS IN A POSITION TO REASONABLY KNOW THAT THERE NO STATUTORY AUTHORITY THAT ALLOW PLAINTIFF TO BE CHARGE FOR CHRONIC MEDICAL SERVICES. DEFENDANT HUCKLEBRIDGE CONDUCT VIOLATED CLEARLY ESTABLISHED CONSTITUTIONAL RIGHT OF WHICH A REASONABLE PERSON WOULD HAVE KNOWN, (2) PLAINTIFF PLEAD THAT THE DEFENDANT LINTHICUM VIOLATED HIS EIGHTH AMENDMENT RIGHT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT, WHILE ACTING UNDER A COLOR OF STATE LAW. DEFENDANT LINTHICUM VIOLATED A CLEARLY ESTABLISH EIGHTH AMENDMENT RIGHT TO BE FREE OF CRUEL AND UNUSUAL PUNISHMENT. THE DEFENDANT IS IN A POSITION TO REASONABLY KNOW DENIED MEDICAL SERVICES 365 DAYS CONSTITUTES CRUEL AND UNUSUAL PUNISHMENT RESULTING IN EIGHTH AMENDMENT VIOLATION. DEFENDANT LINTHICUM CONDUCT VIOLATED A CLEARLY ESTABLISH CONSTITUTIONAL RIGHT OF WHICH A REASONABLE PERSON WOULD HAVE KNOWN, (3) PLAINTIFF PLEAD THAT DEFENDANT PHILLIP, DEFENDANT WINTFIELD, DEFENDANT WALLACE VIOLATED HIS EIGHTH

AMENDMENT RIGHT TO BE FREE OF CRUEL AND UNUSUAL PUNISHMENT WHILE ACTING UNDER A COLOR OF STATE LAW. DEFENDANT PHILLIP, DEFENDANT WINFIELD, AND DEFENDANT WALLACE VIOLATED A CLEARLY ESTABLISH EIGHTH AMENDMENT RIGHT. THE DEFENDANTS IS IN A POSITION TO REASONABLE KNOW CONFINEMENT IN SEGREGATION 20 DAYS 23 TO 24 HOURS A DAY WITH NO ACCESS TO RECREATION, SUNLIGHT, OR FRESH AIR CONSTITUTES CRUEL AND UNUSUAL PUNISHMENT RESULTING IN EIGHTH AMENDMENT VIOLATION. THE DEFENDANTS CONDUCT VIOLATED CLEARLY ESTABLISH CONSTITUTIONAL RIGHT OF WHICH A REASONABLE PERSON WOULD HAVE KNOWN, PLAINTIFF HAS NO ADEQUATE OR COMPLETE REMEDY AT LAW TO REDRESS THE WRONGS DESCRIBED HEREIN. PLAINTIFF HAS BEEN AND WILL CONTINUE TO BE IRREPARABLY INJURY BY THE CONDUCT OF THE DEFENDANTS UNLESS THIS COURT GRANTS THE DECLATORY, INJUNCTIVE, COMPENSATORY, AND PUNITIVE RELIEF WHICH PLAINTIFF SEEK.

## VI. CONCLUSION FOR RELIEF:

SERVICES FOR HIS ILLNESS THE CPAP MACHINE HAS NOT SOLVED THE LOUD NOISE MAKING IN HIS SLEEP, PLAINTIFF SEEK TO BE HOUSE IN A SINGLE MAN CELL DUE TO HIS ILLNESS AND ASSAULTS BY INMATES DUE LOUD SLEEP ILLNESS.

PLAINTIFF SEEK COMPENSATORY DAMAGES FROM DEFENDANT

CARRIE HUCKLE BRIDGE IN THE AMOUNT OF 10,000., AND  
PLAINTIFF SEEK PUNITIVES DAMAGES IN THE AMOUNT OF  
5,000.

PLAINTIFF SEEK COMPENSATORY DAMAGES FROM EACH DEFENDANT  
LANNETTE LINTHICUM, MICHELL PHILLIP, ROLANDA WINFIELD,  
GRADY WALLACE IN THE AMOUNT OF 40,000.00

PLAINTIFF SEEK PUNITIVES DAMAGES FROM EACH DEFENDANT  
LANNETTE LINTHICUM, MICHELL PHILLIP, ROLANDA WINFIELD,  
GRADY WALLACE IN THE AMOUNT OF 40,000.00

PLAINTIFF SEEK THAT THE DEFENDANTS PAY COST IN THIS SUIT  
ANY ADDITIONAL RELIEF THIS COURT DEEMS EQUITABLE

C. Has any court ever warned or notified you that sanctions could be imposed? YES / NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning were imposed: \_\_\_\_\_

Executed on: Nov 15, 2013  
(Date)

Curley J. Boykin Jr.  
(Printed Name)

Curley J. Boykin Jr.  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 15 day of NOVEMBER, 20 13  
(Day) (Month) (Year)

Curley J. Boykin Jr.  
(Printed Name)

Curley J. Boykin Jr.  
(Signature of Plaintiff)

**WARNING:** The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.

APPENDIX

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES**

**Patient Name:** BOYKIN, CURLEY J **TDCJ#:** 1774868 **Date:** 06/28/2012 12:10 **Facility:** DAWSON (JD)

**Age:** 47 year **Race:** B **Sex:** male

**Most recent vitals from 6/28/2012:** BP: 124 / 82 (Sitting) ; Wt: 218 Lbs.; Height: 72 In.; Pulse: 60 (Sitting) ; Resp: 18 / min; Temp: 96 (Oral)

**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:

**PRIOR PEAK FLOWS:** PF1: ; PF 2: ; PF 3:

**Allergies:** NO KNOWN ALLERGIES

**Patient Language:** ENGLISH **Name of interpreter, if required:**

**Current Medications:**

**PROVENTIL HFA 90MCG INH 200PF**  
2 PUFFS INHALATION TWICE DAILY for 50  
Days KOP

ORDERING FACILITY: DAWSON (JD)  
ORDERING PROVIDER: REID, ROY M

LAST DATE GIVEN KOP: 06/12/2012 03:19:  
REFILLS: 0 / 2

EXPIRATION DATE: 11/04/2012 08:38:00AM

**Today's Problem:** FU SLEEP APNEA- NEEDS REFILL ON ALLERGY MEDS WHICH MAKE HIS SLEEP APNEA EVEN WORSE

06/28/2012 12:10

**S:HE IS IN SEG FOR PROTECTION- HIS LOUD SNORING CAUSES HIS DOEM MATES TO ASAULT HIM**

**O:MARKED NASAL CONGESTION**

**A:**

**Plan is as follows:** HE HAS REFERRAL TO OPTOMETRY SUBMITTED  
HE HAS BEEN APPROVED OF PULMONARY REFERRAL ON SEPT 1, 2012  
REFILL CLARITIN AND PHENYLEPHRINE  
FU WITH DR REID IN OCTOBER TO CHECK ON SLEEP APNEA

**Started Meds:**

|                                       |            |                   |
|---------------------------------------|------------|-------------------|
| LORATADINE 10MG TABLET                | 14018463   | 06/28/2012 12:13  |
| 1 TABS ORAL QD KOP                    |            |                   |
| FINAL EXP. DATE: 9/26/2012 12:13:00PM | REFILLS: 2 | DURATION: 30 Days |
| PHENYLEPHRINE 10MG TABLET             | 14018465   | 06/28/2012 12:13  |
| 2 TABS ORAL TID KOP                   |            |                   |
| FINAL EXP. DATE: 7/03/2012 12:13:00PM | REFILLS: 0 | DURATION: 5 Days  |

**Procedures Ordered:**

| Date Time            | Description                            | Diagnosis      | Comments | Special Instructions |
|----------------------|--|----------------|----------|----------------------|
| 6/28/2012<br>12:14PM | MED2-INTERMEDIATE OFFICE VISIT<br>(F)) | sleep problems |          |                      |



## Texas Department of Criminal Justice

# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: CURLEY BOYLIN TDCJ # 1774868  
 Unit: DAWSON Housing Assignment: 484557  
 Unit where incident occurred: \_\_\_\_\_

## OFFICE USE ONLY

Grievance #: 2013 080486  
 Date Received: JAN 22 2013  
 Date Due: 03-03-2013  
 Grievance Code: 638  
 Investigator ID #: TI373  
 Extension Date: NA  
 Date Retd to Offender: MAR 01 2013

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? SERGEANT RUSSELL NO MEDICAL RESTRICTION When? FRI, JAN 18, 2013

What was their response? SERGEANT, MOVE INTO GENERAL POPULATION BECAUSE NO MEDICAL RESTRICTION

What action was taken? GRIEVANT WAS WRITTEN A DISCIPLINARY FOR REFUSING TO MOVE PLACE ON PHD.

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

GRIEVANT ALLEGED THIS COMPLAINT AGAINST C.C.A. ADMINISTRATION WARDEN PHILLP, WARDEN WINFIELD, CHIEF ALLEN, CAPTAIN GRAHAM, CLASSIFICATION BROW, SERGEANT RUSSELL, ACTING UNDER COLOR OF OFFICE WITH RETALIATION, HARASSMENT, DISCRIMINATION, CONSPIRING WITH REMOVING MEDICAL ISOLATION RESTRICTION IN ORDER TO MANUFACTURE DISCIPLINARY FOR FILING GRIEVANCE. STARTING IN THE MONTH OF MAY 2012, GRIEVANT FILE A GRIEVANCE FOR BEING DENIED RECREATION. WHILE BEING MEDICAL ISOLATED FOR SLEEP APNEA, IN THE MONTH OF JULY 2012, T.D.C.J. OFFICIALS AUDITED THE DAWSON STATE JAIL AT THIS TIME GRIEVANT WAS ALLOWED TO SPEAK WITH A T.D.C.J. MONITOR MR. WALLACE GRIEVANT INFORMED HIM HE WAS BEING DENIED RECREATION AFTER NOTIFYING THE T.D.C.J. MONITOR THIS ADMINISTRATION BEGAN TO RETALIATED FIRST WITH REMOVING MEDICAL RESTRICTION, SECOND WITH MANUFACTURING DISCIPLINARY FOR REFUSING TO MOVE INTO GENERAL POPULATION. WARDEN PHILLP, WARDEN WINFIELD, AND CHIEF ALLEN, ALL NOTIFIED HEALTH SERVICE LIAISON IN HUNTSVILLE THAT DOCTOR REID WAS DISRUPTING SECURITY WITH HAVING GRIEVANT MEDICAL ISOLATED. SINCE REMOVING THE MEDICAL RESTRICTION WARDEN PHILLP WITH HIS STAFF HAVE HAD OPPORTUNITY WITH MANUFACTURING DISCIPLINARY NO. 20130102, NO. 2012033008, NO. 20120319884, NO. 20120311847. WARDEN PHILLP, WARDEN WINFIELD, CHIEF ALLEN, SERGEANT RUSSELL, ALL ALLEGED

DOCTOR REID WAS NOT AUTHORIZED TO MEDICAL ISOLATED GRIEVANT  
 FOR THE ILLNESS THAT THIS TYPE OF ILLNESS DOESN'T CONSTITUTE  
 ISOLATION. GRIEVANT ASSERTS THAT THESE OFFICIALS ARE NOT QUALIFIED  
 TO GIVE A MEDICAL OPINION. DOCTOR REID WAS LEGALLY AUTHORIZED  
 UNDER AD-04.68 TO HOUSE GRIEVANT PENDING GALVESTON HOSPITAL OPINION

JAN 22 2013

## Action Requested to resolve your Complaint.

RESTORE MEDICAL ISOLATION PENDING GALVESTON HOSPITAL OPINION  
 OR GRIEVANT REQUEST TO EXHAUST THE STATE REMEDY

JAN 22 2013

Offender Signature: Centin Bailey JANUARY 21 2013  
 Dr. Reid did not order you to be placed in segregation. He recommended single-cell housing due to your loud snoring bothering other offenders. Security staff explained to him that no single cell housing was available on this unit. Offender did not meet criteria for medical isolation.

Grievance Response: Dr. Reid did not order you to be placed in segregation. He recommended single-cell housing due to your loud snoring bothering other offenders. Security staff explained to him that no single cell housing was available on this unit. Offender did not meet criteria for medical isolation. (enay) PB

Dr. Reid did not order you to be placed in segregation. He recommended single-cell housing due to your loud snoring bothering other offenders. Security staff explained to him that no single cell housing was available on this unit. Offender did not meet criteria for medical isolation.

Signature Authority: Ram BradyDate: 3/1/13

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.  
 State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Signature: \_\_\_\_\_

I-127 Back (Revised 9-1-2007)

## OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_

Appendix F



APR 26 2013



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: CURLEY Boykin TDCJ # 1774868  
 Unit: DAWSON DH Housing Assignment: ES-7 C108T  
 Unit where incident occurred: \_\_\_\_\_

## OFFICE USE ONLY

Grievance #: 2013080486  
 UGI Recd Date: MAR 13 2013  
 HQ Recd Date: MAR 18 2013  
 Date Due: 4-27  
 Grievance Code: 638  
 Investigator ID #: 352  
 Extension Date: \_\_\_\_\_

*You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.*

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

GRIEVANT MOVE TO APPEAL THE STEP ONE ANSWER OFFENDER  
 DID NOT MEET CRITERIA FOR MEDICAL ISOLATION  
 PRISON ADMINISTRATORS HAS A RESPONSIBILITY TO PROTECT LIFE  
 AND THAT THEY MAY NOT CONDITION SUCH PROTECTION ON  
 RELINQUISHMENT OF EARNED PRISON PRIVILEGES

MAR 13 2013

180286

Offender Signature: Curley BoykinDate: MARCH 12, 2013

Grievance Response:

A Step 2 Medical Grievance investigator reviewed your claim of retaliation with removal of medical restriction for which you received a disciplinary for refusing to move into general population. Your request for the restoration of a medical isolation restriction pending Hospital Galveston opinion was also reviewed.

The appellate review of the grievance supports the response provided at the Step 1 level in its entirety. The Step 2 review revealed that your Sleep Study was completed on 3/14/2013. You are currently scheduled with a provider to discuss the findings of your Sleep Study. The discontinuation and/or issuance of medical restrictions is the clinical determination of the health care provider, which may be made by chart review or physical assessment.

Signature Authority: Robert H. Kane Jr.

Robert H. Kane Jr.  
Health Services Div.  
OPS

Date: 4/15/13

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



# STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: CURLEY BOYKEN TDCJ # 1774868

Unit: DAWSON Housing Assignment: 5.S. 7

Unit where incident occurred: DAWSON STATE JAIL

Grievance #: 2013097075  
Date Received: FEB 19 2013  
Date Due: 03-31-2013  
Grievance Code: 673  
Investigator ID #: I1373  
Extension Date: NA  
Date Ret'd to Offender: MAR 26 2013

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? FACILITY HEALTH ADMINSTRATOR When? FEB 7, 2013

What was their response? FACILITY ADMINSTRATOR HAVE NO RESPONDED TO THE I-60

What action was taken? FILING A GRIEVANCE (I-27) THROUGH THE GRIEVANCE PROCESS

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

GRIEVANT ALLEGED THIS GRIEVANCE AGAINST THE FACILITY HEALTH ADMINSTRATOR IN VIOLATION OF THE OFFENDER'S MEDICAL HEALTH SERVICE PLAN, AND THE CORRECTIONAL MEDICAL CARE FORMULARY FOR CHARGING A CO-PAYMENT FOR A PRE-EXISTENCE MEDICAL ILLNESS THAT BEEN ON FILE SINCE 2005. THE MEDICAL HEALTH PROVIDER CHARGE GRIEVANT A 100.00 HUNDRED DOLLARS CO PAYMENT FOR A CHRONIC ILLNESS SLEEP APNEA IS A CHRONIC ILLNESS. THE OFFENDER'S MEDICAL HEALTH SERVICE PLAN PROHIBIT THIS KIND OF CHARGE FOR PRE-EXISTENCE MEDICAL PROBLEMS IN THE FILE.

FEB 19 2013



Action Requested to resolve your Complaint.

REQUESTED FOR THE CO PAYMENT BE REIMBURSED

FEB 19 2013

Offender Signature:

Curley Boykin

Date:

FEBRUARY 17, 20

Grievance Response:

You were charged the Health Services Fee for a visit on 5/21/12. You receive a monthly Trust Fund statement that indicates any co-payment charges for medical encounters. In accordance with the grievance mechanism, you have 15 days to file a grievance after the time an incident occurs or you have knowledge of an incident. We are unable to review charges that go beyond the past 90 days. You have exceeded reasonable time limits for filing on this issue. No additional action is warranted.

Signature Authority:

Pam Brady

Date:

3/21/13

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

#### OFFICE USE ONLY

**Initial Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2nd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3rd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

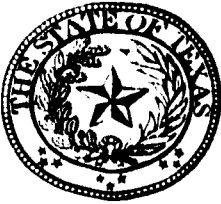
Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

APPENDIX - C

JUL 03 2013



## Departamento de Justicia Criminal de Texas

PASO 2

FORMULARIO DE QUEJAS

## OFFICE USE ONLY

Para Uso De La Oficina Solamente

Grievance #: 2013107075

UGI Recd Date: APR 05 2013

HQ Recd Date: APR 11 2013

Date Due: 5-20

Grievance Code: 473

Investigator ID #: 302

Extension Date: 7-4

Nombre: CURLEY BONKIN TDCJ # 1774861

Unidad: DAWSON DH Celda Asignada: 386

Unidad donde ocurrió el incidente: DAWSON STATE JAIL

Para procesar su apelación al Segundo nivel, necesita mandar junto con su formulario (I-128) el original del formulario (I-127) con la respuesta y la firma del guardian. Usted no puede apelar su queja al Segundo nivel, si su queja al primer nivel fue regresada sin procesar.

Escriba la razón de su apelación (sea específico).

Yo no estoy satisfecho con la respuesta del Paso 1 porque....

GRIEVANT MOVE TO APPEAL THE STEP 1 RESPONSE PAM BRADY HEALTH-SERVICES ADMINSTRATOR HAS ALLEGE THAT A CO PAYMENT WAS WRONGFULLY TAKEN FROM GRIEVANT ACCOUNT BUT BECAUSE IT IS BEYOND THE 90 DAY WHICH SHE DOES NOT SITE ANY AUTHORITY GRIEVANT EXCEED-ED A REASONABLE TIME FOR FILING A COMPLAINT

GRIEVANT CONTEND THE STATUTE OF LIMITATION FOR FILING A CLAIM IS A TWO YEARS STATUTE OF LIMITATION THE UNIT HEALTH-CARE PROVIDER WAS NOT AUTHORIZED BY LAW SECTION 501.063 TEX. GOVT. CODE TO CHARGE ANY CO PAYMENT FOR A CHRONIC ILLNESS THIS IS A FORM OF THEFT AND FAILURE TO FOLLOW A STATE PROCEDURE WHICH HAVE DEPRIVED GRIEVANT OF DUE PROCESS OF LAW IN VIOLATION HIS FOURTEENTH AMENDMENT BOTH RIGHTS SECURED BY THE CONSTITUTION

Firma del Ofensor:

Curley Boykin

Fecha:

APRIL 3, 2013**Respuesta Administrativa en referencia a su apelacion:**

A review of the Step 1 grievance and documentation was completed regarding your complaint that you believe you were charged the annual Health Services Fee of \$100 in error. You stated you were charged this for sleep apnea, which is a chronic medical condition. You asked to have the money refunded to you.

Review of the medical record indicated you were seen by the provider on 5/21/2012 for complaints of snoring, shortness of breath, and a cough. You stated your private physician prescribed you an inhaler for asthma. There was no documentation of any diagnosis of sleep apnea at this visit. A diagnosis of sleep apnea was not made until 7/19/2012. The charge from 5/21/2012 is valid and money will not be refunded to you for this visit.

Per the Offender Orientation Handbook, all complaints must be filed within 15 days of the incident. Please refer to your Orientation Handbook for additional instructions regarding filing complaints.

Firma de la Autoridad:

Carrie Hucklebridge, RN, BSN

Fecha:

06-25-13

Su queja fue regresada por las siguientes razones:

\*Presente esta forma otra vez cuando haya hecho las correcciones

- ☐ 1. El periodo para presentar su queja ha terminado.
- ☐ 2. No se puede leer, no se entiende. \* **NSN, RN, BSN**
- ☐ 3. El documento original no fue presentado. \*
- ☐ 4. La queja tiene páginas excesivas o inapropiadas. \*
- ☐ 5. Contiene lenguaje vulgar, indecente o amenazador físicamente. \*
- ☐ 6. No es apropiado. \*

**Carrie Hucklebridge, RN, BSN**  
 Manager III  
 Office of Professional Standards

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Para Uso De La Oficina Solamente

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Offender C. Boykin  
TDCJ #1774868

SUBJECT: State briefly the problem on which you desire assistance.

MS. STONE, COMPLIANCE I'M WRITING CONCERNING A GRIEVANCE I FILE AGAINST MEDICAL FOR A ILLEGAL CO PAY-NEW CHARGE TO MY ACCOUNT THE STEP TWO WAS FILE APRIL 3, 2013 GRIEVANCE NUMBER 2013097075 I HAVE NOT RECEIVE A RESPONSE NOR WAS A NOTICE SENT OUT FOR EXTENSION OF TIME IN ACCORDANCE BP 03.77, AD-03.82 I WROTE MS QUEEN GRIEVANCE INVESTIGATOR CONCERNING THIS MATTER NO RESPONSE IN THIS MATTER ANY TIME ADDITIONAL TIME IS NEEDED THE DEPARTMENT MUST NOTIFY THE GRIEVANT OUTLINED IN BP 03.77 I'M SEEKING INFORMATION FROM COMPLIANCE DEPT.

Name: CURLEY BOYKIN No: 1774868 Unit: DALHART  
Living Quarters: JI-C-108 Work Assignment: NONE

DISPOSITION: (Inmate will not write in this space)

*Stone*  
05-30-2013  
JES

I-60 (Rev. 11-90)

2013097075 NO 673

OSCP CASE#:

OPENED:

CLOSED:

HEALTH SERVICES FEE

N

N

INVEST:

EXTN DUE DATE:

STEP1: 2013-02-19

2013-03-26

11323

STEP2: 2013-04-11

10352

2013-07-04

COMMENT: CHARGED \$100 FOR HIS CHRONIC ILLNESS

ENTER OPTION: TDCJID: SID: GRV NO.:

ENTER INVESTIGATOR:

PF1=HELP PF2=OPTION PF3=PREV PF4=RESET PF7=BKID PF8=FWD

PF12=MENU



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORMOffender Name: CURLEY BOYLE TDCJ # 1774868Unit: DAWSON Housing Assignment: 5.9.7

Unit where incident occurred: \_\_\_\_\_

## OFFICE USE ONLY

 Grievance #: 2013107740  
 Date Received: MAR 7 2013  
 Date Due: 04-20-2013  
 Grievance Code: 624  
 Investigator ID #: 11323  
 Extension Date: WA  
 Date Retd to Offender: APR 11 2013

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? PHYSICIAN REID When? FEBRUARY 14, 2013

What was their response? UTMB ARE RESPONSIBLE FOR SCHEDULING THE SLEEP STUDY

What action was taken? UTMB TOOK NO ACTION, RESCHEDULE THE SLEEP STUDY

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

GRIEVANT ALLEGED THIS COMPLAINT AS AN EMERGENCY COMPLAINT AGAINST (UTMB) UNIVERSITY TEXAS MEDICAL BRANCH IN GALVESTON FOR VIOLATIONS OF THE OFFENDERS' HEALTH SERVICE PLAN, SECTIONS 501.064, 501.146 TEXAS GOVERNMENT CODE. IN THE MONTH OF OCTOBER 2012, THE UNIT PHYSICIAN SCHEDULE GRIEVANT FOR A SLEEP STUDY TO DETERMINE IF A BREATHING MACHINE IS NECESSARY FOR HIS ILLNESS. THE APPOINTMENT WASN'T UNIT FEBRUARY 11, 2013, THE GALVESTON MEDICAL PHYSICIAN TOOK NO ACTION WITH PERFORMING THE SLEEP STUDY. THE PHYSICIAN ONLY SPOKE WITH GRIEVANT ABOUT THE SYMPTOMS. GRIEVANT WAS INFORM LATER THE SLEEP APNEA STUDY WOULD TAKE 90 MORE DAYS. GRIEVANT ASSERTS THIS IS A DEPRIVATION OF MEDICAL SERVICE WHICH REPRESENT CORPORAL PUNISHMENT OR CRUEL AND UNUSUAL PUNISHMENT PROHIBITED BY THE EIGHTH AMENDMENT. FOR TEN (10) MONTHS GRIEVANT HAS BEEN DEPRIVED MEDICAL TREATMENT FOR A BREATHING MACHINE WHICH HAS CAUSE MENTAL AND PHYSICAL ABUSE.

MAR 11 2013





## Action Requested to resolve your Complaint.

GRIEVANT REQUESTING THAT THE SLEEP STUDY WOULD BE PERFORM TO ALLOW THE BREATHING MACHINE

Offender Signature: Curley BoylenDate: MARCH 9, 2013

Grievance Response:

You were referred to the Pulmonary Clinic 6/7/12 for evaluation. The appointment was scheduled for 9/4/12 and you missed the appointment. You were re-referred on 9/20/12 and seen on 2/11/13. You were referred for a sleep study on 2/15/13 and this was completed on 3/14/13. You currently have a pending f/u appt with Pulmonary to discuss the findings of the sleep study. All appointments were within the timeline mandated by policy.

Signature Authority: Pam BradyDate: 4/9/13

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

## OFFICE USE ONLY

**Initial Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2nd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3rd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

I WOULD LIKE TO KNOW WHAT DATE AM I SCHEDULED  
TO SEE PULMONARY DOCTOR CONCERNING THE BREATHING MACHINE

Name: CURLEY BOYKIN

No: 1774868

Unit: DALHART

Living Quarters: C 108

Work Assignment: NONE

DISPOSITION: (Inmate will not write in this space)

you have to see our unit  
or to get a new referral. you  
are scheduled to see our Dr

RECEIVED  
JUN 06 2013

BY: J.A. 8:00

P. Zinsler Lm

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)   | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: MEDICAL DEPARTMENT  
(Name and title of official)

DATE: JUNE 6 2013

ADDRESS: DALHART UNIT

MEDICAL DEPARTMENT:

I WOULD LIKE TO KNOW WHAT MONTH IS MY MEDICAL  
APPOINT IS SCHEDULE FOR? I WAS SUPPOSE TO BE  
SCHEDULE TO SEE THE DOCTOR IN THE MONTH OF MAY 2013

Name: CURLEY BOYKIN

No: 1774868

Unit: IDALHART

Living Quarters: J1- C-108

Work Assignment: NONE

DISPOSITION: (Inmate will not write in this space)

~~you seen optometrist in April.~~

~~your glasses were ordered.~~

you are scheduled to see the nurse.

P. Zinser Lm you are in a different  
region.

RECEIVED  
JUN 04 2013

BY: DA 8:00

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)   | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: MEDICAL DEPARTMENT DATE: JUNE 4 2013  
(Name and title of official)

ADDRESS: DAL HART

ON MARCH 15, 2013, I WENT TO GALVESTON HOSPITAL FOR A SLEEP STUDY I WAS DIAGNOSED WITH OBSTRUCTIVE SLEEP APNEA AND APPROVE FOR A BREATHING MACHINE THE NEXT APPOINTMENT IS IN MAY 2013 TO ADJUST AIRWAY PRESSURE I WOULD LIKE TO KNOW WILL I STILL GO BACK TO GALVESTON HOSPITAL OR WILL I GO TO A HOSPITAL IN THIS REGIONAL AREA ?? I'M HAVING SERIOUS PROBLEM GETTING OXYGEN WHEN I SLEEP INTERRUPTED WITH PAUSES IN BREATHING FOLLOWED BY LOUD GASPS.

Name: CURLEY BOYKIN No. 1774868 Unit: DAL HART  
Living Quarters: ~~J-108~~ C108 Work Assignment: NONE

DISPOSITION; (Inmate will not write in this space)

If you are still on this unit, you will go to a doctor in this region

RECEIVED  
APR 24 2013  
BY: DA-8:00

P. ZUNDER LUN

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: S. TENORIO, MEDICAL DIRECTOR DATE: APRIL 23, 2013  
(Name and Title of Official)

ADDRESS: DALHEART UNIT

I-60 (Front)

800207-1912



I WAS SCHEDULED FOR APPOINTMENT MAY 2013 PENDING APPOINTMENT WITH PULMONARY TO DISCUSS THE FINDING WITH THE OXYGEN MACHINE WHAT ARE THE SCHEDULE NOW

TX. ST. BOARD OF MEDICAL EXAMINERS INVESTIGATION  
DEPT., MC 263 BOX 2018, AUSTIN TX. 78768-2018  
REGULATES DOCTORS and HEALTH CARE PROVIDER'S

Name: CURLEY BOTKIN No: 1774868 Unit: DALHART  
Living Quarters: C 108 Work Assignment: NONE

DISPOSITION: (Inmate will not write in this space)

nurse appointment for pulmonary  
problems / oxygen machine.

RECEIVED  
JUN 03 2013  
BY: DA 8:00

D. Zinsler Lin



## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)   | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: TENORIO, MEDICAL DIRECTOR  
(Name and title of official)

DATE: MAY 31, 2013

ADDRESS: DALHART UNIT

DR LENZ I'M REQUESTING TO SPEAK WITH YOU ON THE  
SLEEP STUDY RESULT ON JUL 19 2013 SINCE THIS  
DATE HAVE NOT BEING NOTIFY BY ANY PRISON MEDICAL  
OFFICIALS CONCERNING THE RESULT. I'VE EVEN TRIED  
TO REQUEST TO BUY THE MEDICAL RECORD BUT PRISON  
MEDICAL OFFICIAL WOULD NOT ANSWER THE REQUEST

Name: CURLEY BOYKIN

No: 1774868

Unit: DALHART

Living Quarters: C 216

Work Assignment: FIELD FOUR

DISPOSITION: (Inmate will not write in this space)

Nurse Appointment to follow up  
on sleep study test

P. JAMES LEE

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)   | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: DR. LENZ, TTHSC, School PHARMACY DATE: SEPTEMBER 3, 2013  
(Name and title of official)

ADDRESS: DALHART UNIT



# STEP 1

## OFFENDER GRIEVANCE FORM

| OFFICE USE ONLY        |                |
|------------------------|----------------|
| Grievance #:           | 2012164804     |
| Date Received:         | MAY 22 2012    |
| Date Due:              | 07-01-2012     |
| Grievance Code:        | 506            |
| Investigator ID #:     | 71373          |
| Extension Date:        | NA JUN 28 2012 |
| Date Retd to Offender: |                |

Offender Name: CURLEY BOYKEN TDCJ # 1774868  
 Unit: DAWSON Housing Assignment: 4/04 SEGREGATION  
 Unit where incident occurred: DAWSON STATE JAIL

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? FLOOR SERGEANT When? MAY 17, 18,

What was their response? FLOOR SERGEANT UNRESPONSE

What action was taken? SAME NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

GRIEVANT REQUEST FOR IMMEDIATE ATTENTION ON-ONGOING VIOLATION OF POLICY IN ADMINISTRATED SEGREGATION  
 I. INMATE ARE BEING DENIED GRIEVANCE FORM AND ACCESS TO THE THE GRIEVANCE BOX II. INMATES ARE BEING DENIED PHYSICAL RECREATION OUTSIDE THE CELL. III. INMATES ARE BEING DENIED CLEANING CHEMICAL FOR THE CELL BLOCK; SHOWERS ARE NOT BEING CLEAN. IV. INMATE ARE BEING SUBJECTED TO ALL FORMS OF UN-SANITARY CONDITIONS SUCH AS BEEN BEING FEED THROUGH A DIRTY DOOR HOLE IN THE DOOR. V. INMATES ARE BEING DENIED MEDICAL CARE FOR CHRONIC ILLNESS AND PHYSICAL HEALTH CARE AS WELL. THESE VIOLATION HAVE OCCURRED FROM A LACK OF STAFF.

MAY 22 2012

Action Requested to resolve your Complaint.

GRIEVANT REQUEST THAT POLICY AND PROCEDURE WILL BE FOLLOW

Offender Signature: Curley Boy Date: MAY 19, 2012 MAY 22 2012

Grievance Response:

Investigation into your complaint did not find evidence to substantiate your allegations of your living conditions being violated.. Sergeant Jennings reports that procedures are being followed according to your current restriction. If you are having problems in this are inform the floor sergeant. There is no action warranted on this matter.

R. Winfield, Assistant Warden

Signature Authority: [Signature]

JUN 28 2012

Date: \_\_\_\_\_

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



**Texas Department of Criminal Justice**  
**STEP 2** **OFFENDER**  
**GRIEVANCE FORM**

Offender Name: CURLEY BOYKIN TDCJ # 1774868  
 Unit: DALHART Housing Assignment: C 108  
 Unit where incident occurred: DALHART UNIT

| OFFICE USE ONLY    |                    |
|--------------------|--------------------|
| Grievance #:       | <u>2013107740</u>  |
| UGI Recd Date:     | <u>JUN 10 2013</u> |
| HQ Recd Date:      | <u>JUN 14 2013</u> |
| Date Due:          | <u>7-25</u>        |
| Grievance Code:    | <u>629</u>         |
| Investigator ID #: | <u>328</u>         |
| Extension Date:    | <u>9-8</u>         |

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

GRIEVANT MOVE TO REINSTATE THE STEP ONE APPEAL PROCESS AND MOVE FOR STEP TWO PROCESS, GRIEVANCE A CURRENT PENDING MEDICAL APPOINTMENT, WITH THE PULMONARY DOCTOR TO DISCUSS THE FINDING OF THE SLEEP STUDY MARCH 14, 2013. IN THE MONTH MAY 2013, GRIEVANT WAS SCHEDULE TO SEE THE PULMONARY DOCTOR BUT DID NOT RECEIVE AN APPOINTMENT, ON JUNE 5, 2013 GRIEVANT WAS LAIDED IN MEDICAL FOR NURSE SICK CALL WHO ONLY SPOKE WITH GRIEVANT ABOUT SEEING THE PULMONARY DOCTOR. ON JUN 7, 2013, GRIEVANT WAS LAIDED IN FOR MEDICAL THE UNIT HEALTH CARE PROVIDER ONLY SPOKE WITH GRIEVANT ABOUT THE SLEEP STUDY. AFTER INFORMING THE HEALTHCARE PROVIDER THAT HE WAS SCHEDULE TO SEE THE PULMONARY DOCTOR ABOUT THE BREATHING MACHINE. THE UNIT HEALTH CARE PROVIDER STATED THAT UNIVERSITY TEXAS MEDICAL BRANCH DID NOT THINK THE BREATHING MACHINE WAS NECESSARY BECAUSE IF IT WERE GRIEVANT WOULD HAVE RECEIVED THE MACHINE BY NOW. GRIEVANT CONTEND THIS IS A DEPRIVATION OF MEDICAL SERVICE PURSUANT TO SECTION 501.064 AND 501.146 TEXAS GOVERNMENT CODE WHICH REPRESENT CORPORAL PUNISHMENT AND CRUEL AND UNUSUAL PUNISHMENT THAT PROHIBITED BY THE EIGHTH AMENDMENT. A DELAY OF MEDICAL SERVICES IS A DENIAL OF MEDICAL ALTOGETHER. FOR THE

REASON ON JUNE 5TH AND JUN 7TH GRIEVANT MOVE TO  
STATE THE APPEAL IN STEP ONE TO EXHAUSTED STATE  
ADMINISTRATIVE REMEDIES IN STEP TWO

Offender Signature: Cusley Boykin

Date: JUNE 7 2013

**Grievance Response:**

A Step 2 Medical Grievance investigator reviewed your claim that a ten month delay deprived you of medical treatment in the form of a breathing machine.

The appellate review of the grievance supports the response provided at the Step 1 level in its entirety. You were most recently seen on 7/18/2013, at which time a Polysomnography was completed to evaluate you for suspected sleep disorder breathing. You may wish to address findings and specialty recommendations with the facility level provider through submission of an I-60 to the facility level medical department.

Robert H. Kane Jr.  
Health Services Div.  
OPS

Signature Authority: Robert H. Kane Jr.

Date: 9/5/13

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

**Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



SEP 28 2012

## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: LUZELU BOKIN TDCJ # 1774868  
 Unit: DAWSON Housing Assignment: 4. SEG. 4  
 Unit where incident occurred: \_\_\_\_\_

| OFFICE USE ONLY    |                    |
|--------------------|--------------------|
| Grievance #:       | <u>2012104804</u>  |
| U/GI Recd Date:    | <u>JUL 11 2012</u> |
| HQ Recd Date:      | <u>JUL 16 2012</u> |
| Date Due:          | <u>8-15</u>        |
| Grievance Code:    | <u>506</u>         |
| Investigator ID #: | <u>I16871</u>      |
| Extension Date:    | <u>9-19-12</u>     |

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

PROCEDURE ARE NOT BEING FOLLOW AS SERGEANT JENNING ALLEGE IN THE STEP ONE ANSWER. MAY 15 2012 THROUGH JUNE 28 2012 GRIEVANT AND OTHER INMATES SIMILAR SITUATED HAS BEEN DENIED RECREATION, SERGEANT JENNING MEAN WHILE JUSTIFY THE DENIAL OF ~~WHICH THE~~ RECREATION WITH THE RESTRICTION THAT WAS IMPOSE MAY 25, 2012. ON JULY 4, 2012 GRIEVANT WAS DENIED OUT OF CELL RECREATION BY SERGEANT JENNING. SERGEANT JENNING ORDER OFFICE IBE TO WRITE GRIEVANT A DISCIPLINARY INFRACTION ON REFUSING HOUSING ASSIGNMENT WITHOUT GETTING MEDICAL APPROVAL. MAY 25, GRIEVANT WAS FOUND GUILTY OF THE INFRACTION PUNISHMENT WAS EXCESS 45 DAY RECREATION RESTRICTION, 45 DAY COMMISSARY RESTRICTION, 45 DAY NO CONTACT VISITED RESTRICTION AND GRIEVANT APPEAL. WHILE THE APPEAL PROCESS IS DEVELOPING THE RESTRICTION ARE BEIN ENFORCE WHICH IS CLEARLY UNFOUNDED BASE ON THE FACT THE RECREATION RESTRICTION VIOLATES C.C.A. AND TDCJ ADMINISTRATIVE SEGREGATION MANUAL. ON PAGE 15 [AD]-08.50, ADMINISTRATIVE SEGREGATED OFFENDERS IN ANY CATEGORY OF SEGREGATION SHALL BE RECREATED AT LEAST ONE HOUR WITHIN THE FIRST 72 HOURS OF PLACEMENT IN ADMINISTRATIVE SEGREGATION. GRIEVANT WAS MEDICALLY PLACE IN SEGREGATION MAY 14, 2012, THERE AFTER HAS BEEN DENIED RECREATION, INMATES PLACE IN SEGREGATION SHOULD NOT BE RESTRICTED UNLESS IT WOULD CREATE AN IMMEDIATE AND SERIOUS THREAT TO THE PHYSICAL SAFETY OR SECURITY OF ADMINISTRATIVE SEGREGATION INMATES OR STAFF

I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)



THE DECISION TO DENY AN ADMINISTRATIVE SEGREGATION INMATE RECREATION SHALL BE IN WRITING AND SHALL EXPLAIN THE REASON FOR THE DENIAL. SERGEANT JENNING HAS DENIED GRIEVANT RECREATION FROM MAY 15, 2012 UNTIL JULY 5, 2012 UPON FILING THIS STEP TWO

Offender Signature: Curley Boykin Date: JUL 11 2012  
JULY 5, 2012  
 Grievance Response:

Boykin, Curley #1774868  
 2012164804

Your Step 2 grievance has been reviewed by our office. The investigation conducted into your claim of Sergeant Jennings denying you recreation from May 25, 2012 to July 4, 2012 has been completed. The investigation revealed you were on recreation restriction. You were appropriately advised at Step 1. No action warranted.

~~Grady Wallace~~ S. Schumacher  
 Deputy Director of Operations Contract Manager  
 Private Facility Contract Monitoring/Oversight Division

Signature Authority: S. Schumacher Date: 9/18/12

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

| OFFICE USE ONLY   |                     |
|---|---------------------|
| <b>Initial Submission</b>   | CGO Initials: _____ |
| Date UGI Recd: _____  |                     |
| Date CGO Recd: _____  |                     |
| (check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted |                     |
| Comments: _____   |                     |
| Date Returned to Offender: _____  |                     |
| <b>2<sup>nd</sup> Submission</b>  | CGO Initials: _____ |
| Date UGI Recd: _____  |                     |
| Date CGO Recd: _____  |                     |
| (check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted |                     |
| Comments: _____   |                     |
| Date Returned to Offender: _____  |                     |
| <b>3<sup>rd</sup> Submission</b>  | CGO Initials: _____ |
| Date UGI Recd: _____  |                     |
| Date CGO Recd: _____  |                     |
| (check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted |                     |
| Comments: _____   |                     |
| Date Returned to Offender: _____  |                     |

WARDEN WINFIELD: THIS IS TO GIVE NOTICE I WAS DENIED RECREATION THE MONTH OF AUGUST, SEPTEMBER AND I WAS DENIED RECREATION OCTOBER 3, 2012. THE C.C.A. POLICY VIOLATE MY EIGHT AMENDMENT RIGHT THE WAY IT IS BEING USE TO DENIED RECREATION. OFFICER REID WORK SEGREGATION ALLEGED OFFENDERS ARE NOT ALLOWED RECREATION UNLESS TWO OFFICER ARE PRESENCE.

Name: CURLEV BOYKIN No. 1774868 Unit: DAVISON

Living Quarters: 4.S.4 Work Assignment: \_\_\_\_\_

DISPOSITION; (Inmate will not write in this space)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: WARDEN, WINFILD  
(Name and Title of Official)

DATE: OCTOBER 3, 2012

ADDRESS: DAWSON STATE JAIL

I-60 (Front)

800207-1912



WARDEN WINFIELD: THIS IS TO GIVE NOTICE I'M STILL BEING DENIED RECREATION IN SEGREGATION THE C.C.A POLICY VIOLATE MY EIGHT AMENDMENT RIGHT THE WAY IT IS BEING USE TO DENIED RECREATION. THE C.C.A OFFICER WORK SEGREGATION ALLEGED OFFENDERS ARE NOT ALLOWED RECREATION UNLESS TWO OFFICER ARE PRESENCE. ITS NOW BEEN FOUR MONTHS TWO OFFICER ARE NEVER AVAILABLE TO GIVE RECREATION BUT TWO OFFICER ARE AVAILABLE TO GIVE SHOWERS

Name: CURLEY BOYKIN No. 1774868 Unit: DAWSON  
Living Quarters: 4.S.4 Work Assignment: \_\_\_\_\_

DISPOSITION; (Inmate will not write in this space)

## INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

**PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building)   | 5. <input type="checkbox"/> Visiting List (Asst. Director of Classification, Administration Building)   |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)                    | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor)   |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden-if approved, will be forwarded to the Director of Classification)    | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78711) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)                         |

TO: WARDEN, WINFILD  
(Name and Title of Official)

DATE: SEPT 21, 2012

ADDRESS: DAWSON STATE JAIL

I-60 (Front)

800207-1912





## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

Offender Name: CURLEY BOYKEN TDCJ # 1774868  
 Unit: DAWSON Housing Assignment: 484  
 Unit where incident occurred: DAWSON STATE JAIL

## OFFICE USE ONLY

Grievance #: 2013040249  
 Date Received: NOV 08 2012  
 Date Due: 12-17-2012  
 Grievance Code: 509  
 Investigator ID #: I1323  
 Extension Date: NA  
 Date Ret'd to Offender: DEC 17 2012

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? SERGEANT RUSSELL When? Nov 6, 2012

What was their response? GRIEVANT WAS NOT G4 AND ALLOWED RECREATION

What action was taken? THE C/O NIGERIA OFFICER STILL DENIED RECREATION

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

GRIEVANT ALLEGED THIS GRIEVANCE AGAINST THE NIGERIA OFFICER WORKING SEGREGATION TUESDAY NOVEMBER 6, 2012, FOR VIOLATING THE ADMINISTRATIVE DIRECTIVE 03.5D

THE SEGREGATION OFFICER DENIED GRIEVANT RECREATION AND SHOWER ALLEGING THERE WAS CONFLICTING DOCUMENT IN HIS PAPER WORK AN I-169 FORM STATING THAT GRIEVANT WAS G2 STATUS TRANSIT AWAITING HOUSING ASSIGNMENT AND ANOTHER DOCUMENT A COMPUTER PRINT OUT FROM THE COUNTRUM STATING THAT GRIEVANT WAS G4 STATUS TRANSIT TRANSFER. SERGEANT RUSSELL STATED THAT THE COUNTRUM STILL HAD GRIEVANT LISTED G4 IN ERROR THAT THE STATUS WAS G2. AFTER SERGEANT RUSSELL LEFT SEGREGATION THE C/O OFFICER STILL DENIED RECREATION AND SHOWER STATING THE SERGEANT DID NOT SAY GRIEVANT WAS G2 STATUS. GRIEVANT REQUEST THAT THE C/O OFFICER NOTIFY SERGEANT RUSSELL THE OFFICER REFUSE STATING HE'S IN CHARGE OF THIS POST THERE MUST BE TWO OFFICER PRESENCE TO ALLOW RECREATION. GRIEVANT ASSERTS THE C.C.A. POLICY THAT THE OFFICER'S ARE USING TO DENY RECREATION VIOLATE THE ADMINISTRATIVE DIRECTIVE 03.5D AND THE EIGHT AMENDMENT UNITED STATES CONSTITUTION



THE DAWSON STATE JAIL IS BOUND UNDER THE ADMINISTRATIVE DIRECTIVES ANY OTHER POLICIES CONTRARY NOTWITHSTANDING

NOV 09 2012

**Action Requested to resolve your Complaint**

GRIEVANT REQUEST THAT AD-03.ED WOULD BE FOLLOW TO ALLOW GRIEVANT RECREATION NOV 08 2012

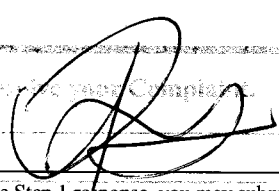
Offender Signature: Culey Boykin Date: Nov 6, 2012

**Grievance Response:**

A review of your classification records indicated that you were denied recreation due to disciplinary sanctions. Furthermore, your status of G4 was valid. No action warranted.

**R. Winfield, Assistant Warden**

**Action Requested to resolve your Complaint**

Signature Authority:  Date: DEC 17 2012

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

**OFFICE USE ONLY**

**Initial Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2nd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3rd Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: CURLEY BOYLKIN TDCJ # 1774868  
 Unit: DAWSON Housing Assignment: 4.S.4  
 Unit where incident occurred: DAWSON STATE JAIL

2013 040 249

| OFFICE USE ONLY    |                    |
|--------------------|--------------------|
| Grievance #:       | <u>201304249</u>   |
| JGI Recd Date:     | <u>702 18 330</u>  |
| HO Recd Date:      | <u>DEC 31 2012</u> |
| Date Due:          | <u>2-4</u>         |
| Grievance Code:    | <u>509</u>         |
| Investigator ID #: | <u>4687</u>        |
| Extension Date:    | <u>3/4/13</u>      |

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

GRIEVANT MOVE TO APPEAL THE STEP ONE RESPONSE THE UNIT GRIEVANCE INVESTIGATOR ALLEGED IN THE ANSWER GRIEVANT WAS DENIED RECREATION DUE TO DISCIPLINARY SANCTIONS.

GRIEVANT ASSERTS IN OCTOBER 9, 2012, HE RECEIVE 45 DAYS RECREATION RESTRICTION IN DISCIPLINARY NO. 20130034091 AND HAVE BEEN DENIED RECREATION DUE TO DISCIPLINARY SANCTIONS. GRIEVANT ASSERTS IN ACCORDING WITH THE ADMINISTRATIVE DIRECTIVE 03.50 SEGREGATION PLAN OFFENDERS ON RECREATION RESTRICTION ARE TO BE ALLOWED RECREATION EVERY SEVEN DAYS, THE C.C.A. OFFICERS ASSIGNED TO SEGREGATION ARE VIOLATING THE DIRECTIVE DENYING RECREATION PERIOD ALLEGING THAT THEIR POLICY STATE IN ORDER FOR THEM TO GIVE OFFENDERS RECREATION TWO OFFICERS MUST BE PRESENCE. WHICH RESULTED IN THIS GRIEVANCE BECAUSE THEY ARE USING THIS POLICY TO VIOLATED THE ADMINISTRATIVE DIRECTIVE 03.50



Offender Signature: Curley Boykin

Date: DECEMBER 20, 2012

Grievance Response:

DEC 31 2012

Boykin, Curly #1774868  
2013040249

Your Step 2 grievance has been reviewed by our office. An investigation was conducted into your allegation of being denied recreation. The TDCJ Contract Monitor was contacted and on March 6, 2013 you confirmed you have been receiving recreation daily. No action warranted.

Grady Wallace  
Deputy Director of Operations  
Private Facility Contract Monitoring/Oversight Division

Signature Authority:

Date: 3-6-2013

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

CASE: 20120262147 TDCJND: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
 UNIT: JD HSNQ: 4S 04 T JOB: PRE-HEARING DETENTION IQ: 060  
 CLSS: L1 CUST: G2 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NONE  
 GRDE: MA / CCC OFF. DATE: 05/23/12 10:57 AM LOCATION: JD ADMIN SEG  
 TYPE: TF

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 4 SEG-044, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY OFFICER IBE TO ACCEPT AND MOVE INTO SE-045, AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE: OF HIS "SLEEP APNEA."

CHARGING OFFICER: IBE, D

SHIFT/CARD: 1 B

OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER,  
 TIME/DATE NOTIFIED: 1138am 5-25-12 BY: (PRINT) JONES, T  
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES ☒ IF NO, HOW DO YOU PLEAD? GUILTY ☒ NOT GUILTY  
 OFFENDER NOTIFICATION SIGNATURE: Curly B. L. DATE: 5-25-12  
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.  
 OFFENDER WAIVER SIGNATURE: Curly B. L. DATE: 5-25-12

HEARING INFORMATION

HEARING DATE: 5/25/12 TIME: 1451 UNIT: FOLDER D-240 FILE 151 DSFILE 1632  
 COUNSEL SUBSTITUTE AT HEARING: JONES, T FOLDER FILE DSFILE  
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED:  
 (SIGNATURE) 3) Other would like to attend hearing

OFFENDER STATEMENT: No statement due to other hearing right to att

OFFENSE CODES: 24.2  
 OFFENDER PLEA: (G, ☒ NG, NONE) 1 NG  
 FINDINGS: ☒ NG, DS 1 G  
 REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)  
 IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER  
 EXPLAIN IN DETAIL: B) Other Report

PUNISHMENT

LOSS OF PRIV (DAYS) REPRIMAND. SOLITARY (DAYS) 1 day sleep  
 \* RECREATION (DAYS) 45 EXTRA DUTY (HOURS) REMAIN LINE 3  
 \* COMMISSARY (DAYS) 45 CONT. VISIT SUSP. THRU 7/9/12 REDUC. CLASS FROM TO  
 \* PROPERTY (DAYS) BELL RESTR (DAYS) GOOD TIME LOST (DAYS)  
 \* (DAYS) SPECIAL CELL RESTR (DAYS) DAMAGES/FORFEIT \$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

Sentry of case / uncertain as to why the matter

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) NO / NA 3  
 DATE PLACED IN PRE-HEARING DETENTION: 5/23/12 HEARING LENGTH (MINUTES)  
 OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: Wail rights to att hearing  
 HEARING OFFICER (PRINT) WARDEN REVIEWER SIGNATURE  
 (FORM I-47MA) CONTACT COUNSEL/SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.  
 (REV. 04-10) COMUNIQUESE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA

## TDCJ DISCIPLINARY REPORT AND HEARING RECORD

CASE: 20120311847 TDCJNO: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
 UNIT: JD HSNQ: 4S 04 JOB: TRANSIENT CUSTODY OVERFLOW IQ: 060  
 CLSS: L1 CUST: G2 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NONE  
 GRDE: MA / CCC OFF DATE: 07/14/12 05:00 PM LOCATION: JD ADMIN SEG  
 TYPE: TF

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT LEVEL FOUR SEG, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO: 01774868, WAS ORDERED BY C/O E. RIDGE TO ACCEPT AND MOVE INTO MEDICAL-ISOLATION AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE HE WAS MEDICAL ISOLATION BY DR. REED.

CHARGING OFFICER: RIDGE, E

SHIFT/CARD: 1 A

OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER, TIME/DATE NOTIFIED: 5:50 PM 7-23-12 BY: (PRINT) JONES, T  
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Curley Boykin DATE: 7-23-12

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: Curley Boykin DATE: 7-23-12

## HEARING INFORMATION

HEARING DATE: TIME: UNIT FOLDER FILE DSFILE

COUNSEL SUBSTITUTE AT HEARING: FOLDER FILE DSFILE

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED: (SIGNATURE)

OFFENDER STATEMENT:

OFFENSE CODES:

24.2

OFFENDER PLEA: (G, NG, NONE) I

FINDINGS: (G, NG, DS)

REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)  
 IF GUILTY: EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.  
 EXPLAIN IN DETAIL:

## PUNISHMENT

LOSS OF PRIV(DAYS) REPRIMAND(S) SOLITARY(DAYS)

\*RECREATION(DAYS) EXTRA DUTY(HOURS) REMAIN LINE 3

\*COMMISSARY(DAYS) CONT. VISIT SUSP THRU REDUC CLASS FROM TO

\*PROPERTY(DAYS) CELL RESTR(DAYS) GOOD TIME LOST(DAYS)

\* (DAYS) SPECIAL CELL RESTR(DAYS) DAMAGES/FORFEIT. \$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

CREDIT FOR PRE-HEARING DETENTION TIME? YES(DAYS) NO / NA

DATE PLACED IN PRE-HEARING DETENTION: HEARING LENGTH (MINUTES)

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT:

HEARING OFFICER (PRINT) WARDEN REVIEWER SIGNATURE

IF PLACED IN PRE-HEARING DETENTION, COUNSEL SUBSTITUTE SHALL BE NOTIFIED TO UNDERSTAND THIS FORM

## ATTORNEY AND CLIENT

DISBARMENT IS MANDATORY IF ATTORNEY'S

CONVICTION IS FOR FELONY INVOLVING MORAL  
TURPITUDE, STATE BAR RULES, V.T.C.A.

GOVERNMENT CODE TITLE 2, SUBTITLE G APP.,  
ART. 10, SEC 26 (B, F).

CRIME INVOLVING MORAL TURPITUDE FOR PURPOSE OF RULE THAT DISBAR  
MENT OF ATTORNEY IS MANDATORY IF CONVICTION IS FOR FELONY INVOLVING  
MORAL TURPITUDE ARE THOSE THAT INVOLVE DISHONESTY, FRAUD,  
DECEIT, MISREPRESENTATION THAT WOULD REFLECT ADVERSELY ON  
ATT. HONESTY, TRUST WORTHINESS.

DUNCAN V. BOARD OF DISCIPLINARY APPEAL, 898 S.W.2D 759  
[TEX 1995] HUMPHREY, 880 S.W.2D 408.

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ADMINISTRATIVE DIRECTIVE 03.70 (REV. 6)

AUTHORITY TEXAS GOVERNMENT CODE SEC 494.002

TEX. DEPT. CRIM. JUST. SHALL ESTABLISH PROCEDURES FOR THE OFFENDER  
WHO RECEIVE CELL RESTRICTION AS A DISCIPLINARY PUNISHMENT

PAGE V. DISCIPLINARY CODE 24.2 REFUSAL TO ACCEPT A HOUSING ASSIGNMENT

DEFINITION: CHRONIC PURPOSE OF THIS DIRECTIVE, IS DEFINED AS  
THREE (3) OR MORE CONVICTION CODE 24.2 RESULTING  
IN MAJOR PENALTIES FOR ANY OF THE SPECIFIED OFFENSES  
WITHIN THE PAST THREE MONTHS.

PAGE VI REPEAT TERM: PROCEDURAL REQUIREMENT REGARDING OFFENDERS  
WHO REFUSE TO WORK OR ACCEPT A HOUSING

1. OFFENDER CHARGED SOLELY WITH ANY OF THE SPECIFIED  
OFFENSES LISTED IN ~~THE~~ SECTION III OF DIRECTIVE  
SHALL NOT ORDINARILY BE PLACED IN ADMINISTRATIVE  
SEGREGATION PRIOR TO THE DISCIPLINARY HEARING.

AN OFFENDER CHARGED WITH REFUSAL TO ACCEPT A  
HOUSING MAY NOT BE PLACED INTO PRE HEARING DETENTION

THE ONLY JUSTIFICATION IS TO MAINTAIN THE INTEGRITY

TDCJ DISCIPLINARY REPORT AND HEARING RECORD

CASE: 20120319884 TDCJNO: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
UNIT: JD HSNQ: 45 04 JOB: TRANSIENT CUSTODY OVERFLOW IQ: 060  
CLSS: L1 CUST: G2 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NONE  
ORDE: MA / CCC OFF. DATE: 07/20/12 11:30 AM LOCATION: JD ADMIN SEG  
TYPE: TF

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 4 SEG, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY C/O CARSON, D TO ACCEPT AND MOVE INTO 4A 17 DORM, AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE HE STATED THAT HE WAS IN SEG FOR MEDICAL THROUGH DR. REED AND HE DON'T WANT TO MOVE.

CHARGING OFFICER: CARSON, D

SHIFT/CARD: 1 B

OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER,  
TIME/DATE NOTIFIED: 5:21pm 7-23-12 BY: (PRINT) JONES, T

YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Curly Boykin DATE: 7-23-12

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: Curly Boykin DATE: 7-23-12

HEARING INFORMATION

HEARING DATE: TIME: UNIT FOLDER FILE DSFILE

COUNSEL SUBSTITUTE AT HEARING: FOLDER FILE DSFILE

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED: (SIGNATURE)

OFFENDER STATEMENT:

OFFENSE CODES: 24.2

OFFENDER PLEA: (G, NG, NONE) I

FINDINGS: (G, NG, DS) I

REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)

IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER.

EXPLAIN IN DETAIL:

PUNISHMENT

LOSS OF PRIV (DAYS) REPRIMAND SOLITARY (DAYS)

\*RECREATION (DAYS) EXTRA DUTY (HOURS) REMAIN LINE 3

\*COMMISSARY (DAYS) CONT. VISIT SUSP. THRU / / REDUC. CLASS FROM TO

\*PROPERTY (DAYS) CELL RESTR (DAYS) GOOD TIME LOST (DAYS)

(DAYS) SPECIAL CELL RESTR (DAYS) DAMAGES/FORFEIT. \$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) NO / NA

DATE PLACED IN PRE-HEARING DETENTION: HEARING LENGTH (MINUTES)

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT:

CHARGING OFFICER (PRINT) WARDEN REVIEWER SIGNATURE

C. RECREATION: OFFENDERS SERVING MORE THAN 30 DAYS OF SPECIAL CELL RESTRICTION SHALL BE PROVIDED OUT-CELL RECREATION AT THE RATE OF ONE HOUR ON WEEKENDS OR EVERY SEVEN DAYS.

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STATE V. MANCUSO 919 S.W.2d 86 TEX. CR. APP 1996,

EX PARTE MILLER 921 S.W.2d 239 [TEX. APP. CR. APP 1996]

ARTICLE 11.07 V.A.C.C.P APPLICANT WAS INDICTED FOR POSSESSION OF COCAINE OF LESS THAN ONE GRAM, A STATE JAIL FELONY OFFENSE PURSUANT TO V.T.C.A. HEALTH AND SAFETY CODE SEC. 481.113(B)

ON JUNE 15, 1995, IN A NON JURY TRIAL PURSUANT TO A NEGOTIATED PLEA BARGAIN AGREEMENT, APPLICANT PLED GUILTY TO THE CHARGED OFFENSE, AND TRUE TO THE ENHANCEMENT PARAGRAPHS. PUNISHMENT WAS ASSESSED TWENTY-FIVE YEARS IMPRISONMENT.

EX PARTE HODES 921 S.W.2d 239 [TEX. CR. APP 1996].

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CONSTITUTIONAL RIGHT TO SPEEDY TRIAL.

U.S.C.A. CONST. AMEND 6! TEXAS CONST. ART 1, SEC. 10

HARRIS V STATE 827 S.W.2d at 956.

BARKER, 407 U.S. AT 530, 92 S.Ct. 2192.

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PUNITIVE DAMAGES TRANSPORTATION INS. Co, 879 S.W.2d 28, 32

EXEMPLARY DAMAGES ARTZEPPE, 857 S.W.2d 82, 87

CASE: 20120330008 TDCJNO: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
UNIT: JD HSNQ: 4S 04 JOB: PRE-HEARING DETENTION IG: 060  
CLSS: L1 CUST: 02 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NONE  
GRADE: MA / CCC OFF. DATE: 07/30/12 10:42 AM LOCATION: JD ADMIN SEG  
TYPE: TE

OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 4S-4, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY C/O PRESCHER TO ACCEPT AND MOVE INTO 3D-27 AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE: I'M SUPPOSE TO BE ON MEDICAL ISOLATION BY DR. REED.

CHARGING OFFICER: PRESCHER, W

SHIFT/CARD: 1 B

OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER:  
TIME/DATE NOTIFIED: 3:31 pm 8-1-12 BY: (PRINT) JAMES, T

YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Curley Boykin DATE: 8-1-12

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEARING INFORMATION

HEARING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ UNIT: \_\_\_\_\_ FOLDER: \_\_\_\_\_ FILE: \_\_\_\_\_ DSFILE: \_\_\_\_\_

COUNSEL SUBSTITUTE AT HEARING: \_\_\_\_\_ FOLDER: \_\_\_\_\_ FILE: \_\_\_\_\_ DSFILE: \_\_\_\_\_

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED: (SIGNATURE) \_\_\_\_\_

OFFENDER STATEMENT: \_\_\_\_\_

OFFENSE CODES: 24.2

OFFENDER PLEA: (G, NG, NONE) \_\_\_\_\_

FINDINGS: (G, NG, DS) \_\_\_\_\_

REDUCED TO MINOR (PRIOR TO DOCKET) \_\_\_\_\_ (DOCKET) \_\_\_\_\_ (HEARING) \_\_\_\_\_ BY: (INITIAL) \_\_\_\_\_

IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER. EXPLAIN IN DETAIL: \_\_\_\_\_

PUNISHMENT

LOSS OF PRIV (DAYS) \_\_\_\_\_ REPRIMAND \_\_\_\_\_ SOLITARY (DAYS) \_\_\_\_\_

\*RECREATION (DAYS) \_\_\_\_\_ EXTRA DUTY (HOURS) \_\_\_\_\_ REMAIN LINE 3 \_\_\_\_\_

\*COMMISSARY (DAYS) \_\_\_\_\_ CONT VISIT SUSP THRU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REDUC CLASS FROM \_\_\_\_\_ TO \_\_\_\_\_

\*PROPERTY (DAYS) \_\_\_\_\_ CELL RESTR (DAYS) \_\_\_\_\_ GOOD TIME LOST (DAYS) \_\_\_\_\_

\* \_\_\_\_\_ (DAYS) \_\_\_\_\_ SPECIAL CELL RESTR (DAYS) \_\_\_\_\_ DAMAGES/FORFEIT \$ \_\_\_\_\_

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: \_\_\_\_\_

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) \_\_\_\_\_ NO / NA

DATE PLACED IN PRE-HEARING DETENTION: \_\_\_\_\_ HEARING LENGTH \_\_\_\_\_ (MINUTES)

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: \_\_\_\_\_

HEARING OFFICER (PRINT) \_\_\_\_\_ WARDEN \_\_\_\_\_ REVIEWER SIGNATURE \_\_\_\_\_

(FORM I-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

(REV 04-10) COMUNIQUESE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA.

TEXAS TORT CLAIMS ACT 101.021(2) TEX. CIV. PRAC.  
AND REM. CODE ANN. SEC 101.021

CLAIMS STATE V. TERRELL 588 S.W. 2d 784, 788 [TEX. 1979]

UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON V. YORK  
808 S.W. 2d 106, 108 [TEX. APP. HOU] 1991.

TEXAS SUPREME COURT HAS ELIMINATED EMOTIONAL  
DISTRESS AS A CAUSE OF ACTION

BOYLES V. ~~STATE~~ KERR 855 S.W. 2d 593

THOMAS V COLLINS, 860 S.W. 2d 500 [TEX. APP. HOU 1 DIST. 1993]

THOMAS INMATE BROUGHT SUIT UNDER 1983 FOR PRISON  
OFFICIALS' ALLEGED VIOLATED OF HIS 8TH AMENDMENT  
RIGHT. CIVIL RIGHTS

WASHINGTON, 902 S.W. 2d 649



CASE: 20130034091 TDCJNO: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
 UNIT: JD HSNQ: 48 04 JOB: TRANS TRANSFER CUST DOWNGRADE IG: 060  
 CLSS: L1 CUST: 02 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: NONE  
 GRDE: MA / CCC OFF. DATE: 10/02/12 04:00 PM LOCATION: JD ADMIN SEG  
 TYPE: IT

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 4 SEC CELL 4, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY C/O DINGBA TO ACCEPT AND MOVE INTO RC-BUNK 34 AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE: HE DOES NOT LIKE THE DORM AND THE OFFENDERS LIVE IN IT

CHARGING OFFICER: DINGBA, A

SHIFT/CARD: 1 A

TIME/DATE NOTIFIED: 1200pm 10-8-12 BY: (PRINT) JONES, J  
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Curley Boykin DATE: 10-8-12  
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING  
 OFFENDER WAIVER SIGNATURE: Curley Boykin DATE: 10-8-12

## HEARING INFORMATION

HEARING DATE: 10/9/12 TIME: 1250 UNIT: JD FOLDER: C-240 FILE: 018 DSFILE: 710  
 COUNSEL SUBSTITUTE AT HEARING: JONES, J FOLDER: FILE DSFILE  
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED:  
 (SIGNATURE) 2) Reul from 4s on 10/8

OFFENDER STATEMENT: According to the parole I am supposed to be released 90 or 110 days from custody and they did minus 30 days.

OFFENSE CODES: 24.2  
 OFFENDER PLEA: (G, NG, NONE) NG  
 FINDINGS: (G, NG, DS) NG  
 REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)  
 (1) GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILT: A) ADMISSION OF GUILT, B) OFFICER'S REPORT, C) WITNESS TESTIMONY, D) OTHER:  
 EXPLAIN IN DETAIL: B) Officer Report D) Statement at hearing

## PUNISHMENT

LOSS OF PRIV(DAYS) REPRIMAND SOLITARY(DAYS)  
 \*RECREATION(DAYS) 45 EXTRA DUTY(HOURS) REMAIN LINE 3  
 \*COMMISSARY(DAYS) 45 CONT. VISIT SUSP. THRU 11/23/12 REDUC. CLASS FROM L1 TO L2  
 \*PROPERTY(DAYS) CELL RESTR(DAYS) GOOD TIME LOST(DAYS)  
 \* (DAYS) SPECIAL CELL RESTR(DAYS) DAMAGES/FORFEIT \$  
 SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: Serious of case / past discipling

CREDIT FOR PRE-HEARING DETENTION TIME? YES(DAYS) NO / NA  
 DATE PLACED IN PRE-HEARING DETENTION: 10/2/12 HEARING LENGTH 8 (MINUTES)  
 OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: x offender in hand restraints (9)  
 HEARING OFFICER (PRINT) Graham WARDEN REVIEWER SIGNATURE

(FORM I-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.  
 (REV. 04-107) COMUNIQUESE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA.

## TDCJ DISCIPLINARY REPORT AND HEARING RECORD

ASE: 20130102412 TDCJNO: 01774868 NAME: BOYKIN, CURLEY JAMES EA: 5.7  
 UNIT: UD RSNG: 45 04 JOB: JC PRE-HEARING DETEN IG: 060  
 CLSS: L1 CUST: G4 PRIMARY LANGUAGE: ENGLISH MHMR RESTRICTIONS: NONE  
 GRDE: MI / RW OFF DATE: 12/07/12 10:00 AM LOCATION: JD ADMIN SEG  
 TYPE: TF

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 4 SEG, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY SGT. RUSSELL TO MOVE TO 5S-1 AND SAID OFFENDER FAILED TO OBEY THE ORDER.

CHARGING OFFICER: RUSSELL, E

SHIFT/CARD: 1 H

## OFFENDER NOTIFICATION

TIME/DATE NOTIFIED: 8:50 / 12/12/12 BY: (PRINT) CH JONES IF APPLICABLE INTERPRETER

YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Curly Boykin DATE: 12/12/12

BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## HEARING INFORMATION

HEARING DATE: 12-14-12 TIME: 0350 INTERPRETER SIGNATURE: \_\_\_\_\_

EXPLAIN BELOW IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEKENDS AND HOLIDAYS, FROM THE OFFENSE DATE: \_\_\_\_\_

OFFENDER STATEMENT: O Plaudy stated that he had enemies in 5-seg

OFFENSE CODES: \_\_\_\_\_ 24.0

OFFENDER PLEA: (G, NG, NONE) NG

FINDINGS: (G, NG, DS) DS

## PUNISHMENT

LOSS OF PRIV(DAYS) \_\_\_\_\_ REPRIMAND \_\_\_\_\_

\*RECREATION(DAYS) 10 EXTRA DUTY(HOURS) \_\_\_\_\_

\*COMMISSARY(DAYS) \_\_\_\_\_ CONT VISIT SUSP THRU \_\_\_\_\_

\*PROPERTY(DAYS) \_\_\_\_\_ CELL RESTR(DAYS) \_\_\_\_\_

(DAYS) \_\_\_\_\_

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: Bradshaw

HEARING OFFICER (PRINT) \_\_\_\_\_ WARDEN \_\_\_\_\_

(FORM 1-47MI) CONTACT A STAFF MEMBER IF YOU DO NOT UNDERSTAND THIS FORM

Case 3:13-cv-04643-D Document 3 Filed 11/21/13 Page 67 of 75  
 CASE: 20130142864 TDCJ ID: 01774868 NAME: BOYKIN, CURLEY JAMES  
 UNIT: JD HSNQ: 55 07 JOB: PRE-HEARING DETENTION IQ: 060  
 CLSS: L2 CUST: 04 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS: NONE  
 ORDE: MA / CCC OFF. DATE: 02/20/13 11:30 AM LOCATION: JD ADMIN SEG  
 TYPE: TF

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 5 SEG, OFFENDER: BOYKIN, CURLEY JAMES, TDCJ-ID NO. 01774868, WAS ORDERED BY C/O CARSON TO ACCEPT AND MOVE INTO 4 FOX 44, AND SAID OFFENDER FAILED TO OBEY THE ORDER BECAUSE: IT WAS AN INTEGRATED CELL ASSIGNMENT, AND STATED: THAT IT IS RETALIATION.

CHARGING OFFICER: CARSON, D

SHIFT/CARD: 1 B

OFFENDER NOTIFICATION IF APPLICABLE INTERPRETER,  
 TIME/DATE NOTIFIED: 10:40 02/25/13 BY: (PRINT) Gannett

YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: *Curley Boykin* 02/25/13 DATE: X FEB 25, 2013  
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: *X* DATE: *V*

## HEARING INFORMATION

HEARING DATE: 2/27/13 TIME: 4:38 pm UNIT: 302 ORDER: C-240 FILE: 104 DSFILE: 797  
 COUNSEL SUBSTITUTE AT HEARING: SG L 302 ORDER: C-240 FILE: 104 DSFILE: 797  
 EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART HEARING (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN 72 HOURS PRIOR TO HEARING (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF A WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEK ENDS AND HOLIDAYS FROM THE OFFENSE DATE AND (8) IF INTERPRETER USED

(SIGNATURE) *2) DHO Unavailable*

## OFFENDER STATEMENT

*Object to charge due to them saying that they said that I was not because it is an integrated cell. Mr. Carson didn't write the law. Sgt Russell that*

OFFENSE CODES: 24 2

OFFENDER PLEA: (G) (NG) (NONE) *NG*

FINDINGS: (G) (NG) (SS) *NG*

REDUCED TO MINOR (PRIOR TO DOCKET) (DOCKET) (HEARING) BY: (INITIAL)

IF GUILTY, EVIDENCE PRESENTED, CONSIDERED, AND REASON(S) FOR DETERMINATION OF GUILTY: A) ADMISSION OF GUILTY B) OFFICER'S REPORT C) WITNESS TESTIMONY D) OTHER

EXPLAIN IN DETAIL: *B) Officer Report D) Statement at hearing*

## PUNISHMENT

LOSS OF PRIV (DAYS) REPRIMAND SOLITARY (DAYS)

\*RECREATION (DAYS) *45* EXTRA DUTY (HOURS) REMAIN LINE 3

\*COMMISSARY (DAYS) *43* CONT. VISIT SUSP. THRU / / REDUC. CLASS FROM *L2* TO *L3*

\*PROPERTY (DAYS) *45* CELL RESTR (DAYS) GOOD TIME LOST (DAYS) *50*

\* (DAYS) SPECIAL CELL RESTR (DAYS) DAMAGES/FORFEIT \$

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED

*Sentry of case / past discipline*

CREDIT FOR PRE-HEARING DETENTION TIME? YES (DAYS) NO / NA

DATE PLACED IN PRE-HEARING DETENTION: 2/20/13 HEARING LENGTH *17* (MINUTES)

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT: *Graham*

HEARING OFFICER (PRINT) WARDEN REVIEWER SIGNATURE

(FORM I-47MA) CONTACT COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

(REV. 04-10) COMUNIQUESE CON SU CONSEJERO SUSTITUTO SI NO ENTIENDE ESTA FORMA

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

CHARGING OFFICER: RUSSELL, E  
OFFENSE DESCRIPTION  
THE DATE AND TIME LISTED ABOVE, AND AT LEVEL 2 UNIT OFFENDER: 801441  
ARLEY JAMES, 1961-10-10, 01774868, AS ORDERED BY SG ISSELL TO ACCEPT AND  
IVE INTO ONE 4 OF 4C-1B, AND SAID OFFENDER FAILED TO THE ORDER BECAUSE:  
WAS AN INTERGRATED CELL ASSIGNMENT, AND STATED: D THAT HE WAS NOT  
ING.

- 2 ASK C/O CARSON WHAT REASON DID SERGEANT RUSSELL GIVE FOR REWRITING THE I-47 FORM HE INITIALLY WROTE FEBRUARY 20, 2013.
- 3 ASK C/O CARSON WAS IT THE SAME DATE AND TIME SERGEANT RUSSELL REWROTE THE I-47 FORM.
- 4 ASK C/O CARSON SINCE HE DIDN'T WRITE THE I-47 FORM HOW DOES THAT MAKE HIM THE CHARGING OFFICER.
- 5 ASK SERGEANT RUSSELL WHAT DATE WAS IT WHEN THE CASE WAS INVESTIGATED.
- 6 ASK SERGEANT RUSSELL ON FEBRUARY 21, WHY DID SHE ~~RE~~ REWRITE THE I-47 FORM.
- 7 ASK SERGEANT RUSSELL WHO TOLD HE MR. BOYKIN REFUSE TO MOVE INTO 4 Fox 44, BECAUSE IT WAS INTERGATED CELL DORM

APPENDIX

**The University of Texas Medical Branch at Galveston  
Sleep Laboratory Report**

**Combined Diagnostic and Therapeutic Sleep Study**

---

**Patient name:** Boykin, Curley  
**UH#** 400369N  
**Date of birth:** 9/1/1964  
**Test #:** 13613  
**Date of study:** 3/14/2013 21:42  
**Referring Physician:** Valle, Jose

**Test type:** Split-night Polysomnography

**Montage:** This is a conventional polysomnographic study performed during the patient's habitual sleep period in accordance with standards established by the American Academy of Sleep Medicine. Parameters include bilateral electrooculographic tracings; electroencephalographic tracings (modified 10:20 electrode configuration, featuring bilateral frontal, central and occipital leads); surface electromyography of submental musculature and bilateral anterior tibialis muscles; thoracic and abdominal piezo-crystal respiratory belt recordings; electrocardiography; arterial oxygen hemoglobin saturation via finger pulse oximetry; and snoring intensity via decibel meter recording.

**Patient identification and indications:**

This is a patient with a history of excessive daytime sleepiness and snoring. The Epworth Sleepiness score is 16 [out of a possible 24 (most sleepy)]. The diagnostic portion of the polysomnogram reveals evidence of obstructive sleep apnea, with a respiratory disturbance index of 23.9 per hour and maximum oxygen desaturations down to 79.0%.

**Sleep architecture and EEG:**

The **total sleep time** was 379.0 minutes. The **sleep efficiency** was 77.7%. The **sleep latency** was 12.5 minutes. The **REM latency** was 78.5 minutes. Regarding **sleep stage percentages**, the stage 1 sleep was 11.9%; stage 2 sleep was 71.4%; slow wave (delta) sleep was 0.0%; and REM sleep was 16.8%.

**Cortical arousals:**

The **total arousal** index was 22.0 per hour.  
The **apnea hypopnea** arousal index was 21.1 per hour.  
The **snore** arousal index was 0.0 per hour.  
The **limb movement** arousal index was 0.0 per hour.  
The **spontaneous** arousal index was 0.9 per hour.

**Patient name:** Boykin, Curley

**UH#** 400369N

**Test #:** 13613

**Respiratory:**

- **Snoring** was observed during the diagnostic portion of the study.
- The **mean oxygen saturation** throughout the study was 96%.
- The **lowest oxygen saturation** throughout the study was 79%.
- A total of 1.2% of the total sleep time was spent with an **oxygen saturation of less than 90%.**
- During the diagnostic portion of the study, the **respiratory disturbance index (RDI)** was 23.9 per hour, consisting of apneas (13), hypopneas (53) and RERA's (0). Central apnea index was 0.7/hr during diagnostic phase of testing and 25 events/hr during titration.

**CPAP titration:**

CPAP was started after 213.1 minutes polysomnographic study, and was carried through a pressure range of 4-8cm H<sub>2</sub>O. BPAP was then initiated on account of continued central and obstructive events. Pressure was titrated upto 19/15cmH<sub>2</sub>O. Titration grade was unacceptable.

**Limb movements:**

The **periodic limb movement index** was 0.0 per hour.

**EKG:**

There was sinus bradycardia observed during the recording.

The **average heart rate** was 58 beats per minute.

**Impressions:**

Moderate Obstructive Sleep Apnea

Possible treatment emergent central sleep apnea

Unacceptable grade titration study

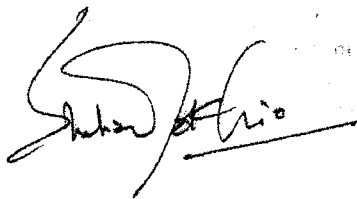
**Recommendations:**

Recommend repeat titration study on account of continued events at final pressure settings and possible treatment emergent central apneas.

The patient should be cautioned about the factors that may potentially exacerbate snoring and sleep related breathing problems, such as ETOH and sedative-hypnotics.

The patient should also be advised against driving and operating dangerous equipment until the daytime sleepiness is eliminated by appropriate treatment.

Follow up with Dr. Valle to discuss results of testing outlined above.



Reviewed and interpreted by Dr. Shahzad Jokhio, MD - UTMB Sleep Disorder Center





TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.  
School of Medicine

Department of Internal Medicine  
Our Passion is to Inspire Transformation of Lives

## DIAGNOSTIC POLYSOMNOGRAPHY

**NAME:** Curley Boykin(TDCJ#1774868)

**DATE OF BIRTH:** 09/01/1964

**DATE OF STUDY:** 7/18/2013

**LOCATION:** Alpha Sleep Labs

**REFERRING PHYSICIAN:** Montford Unit

7/28/2013

**PURPOSE OF STUDY:** To evaluate the patient for suspected sleep disordered breathing. The patient complains of nocturnal snoring, excessive daytime sleepiness and poor sleep quality. Comorbid medical conditions were not reported. The Epworth Sleepiness Scale score was not reported.

**DETAILS OF STUDY:** This was polysomnogram with 15-channel montage, including full EEG: C3/A2, C4/A1, O1/A2, O2/A1; 2EOG: LOC/A2, ROC/A1, one submental EMG, one anterior tibialis EMG (which includes both legs) and one ECG. Respiratory inductive plethysmography with quantitative snuff signal (RIP belts) were used for abdominal and thoracic breathing effort, and the air flow was recorded via oronasal thermo-couple system. Snoring vibrations were recorded with the vibration sensor positioned in the neck area. SPO2 and pulse were recorded with digital pulse oximeter. The patient was also monitored with a video and audio monitor with an infrared camera system, and the position was documented by attending technologist.

The study was scored using Rechtschaffen and Kales Standard Scoring System for Sleep Stage Scoring. Respiratory Events, Arousals and PLMs were scored according to the Standards and Practices of Sleep Medicine Guidelines set forth by the American Academy of Sleep Medicine.

### **PROMINENT FINDINGS:**

1. **SLEEP ARCHITECTURE** - The Total Recording Time was 358.5 minutes. The Sleep Period Time was 353.0. The Total Sleep Time was 209.0 minutes. Patient's overall sleep efficiency was 58.3 percent. Sleep onset was early at 5.5 minutes consistent with sleep deprivation. The patient spent 23.9 percent of the total sleep time in Stage I sleep, 49.8 percent in Stage II sleep, 0 percent in slow wave sleep and 26.3 percent in REM sleep. REM onset was early at 11.5 minutes. REM distribution was uneven.


2. **RESPIRATORY PROFILE** - A total of 27 apnea/hypopnea events (27 obstructive apnea events and 0 hypopnea events) were noted. The overall index (AHI) was normal at 7.8 for the entire night.
3. **LEMB MOVEMENTS**: No periodic limb movements were noted.
4. **OXYGEN SATURATION PROFILE**: Mean SaO<sub>2</sub> was 96.9 percent. Minimum SaO<sub>2</sub> was 87.0 percent. O<sub>2</sub> saturation was less than 89% for 1.0 minutes.
5. **EKG**: No significant arrhythmias were noted during the polysomnography.

**IMPRESSION:**

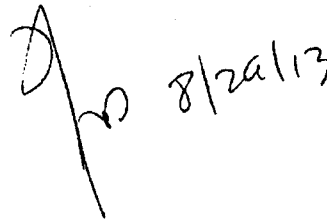
1. Obstructive Sleep Apnea (327.23)

**RECOMMENDATIONS:**

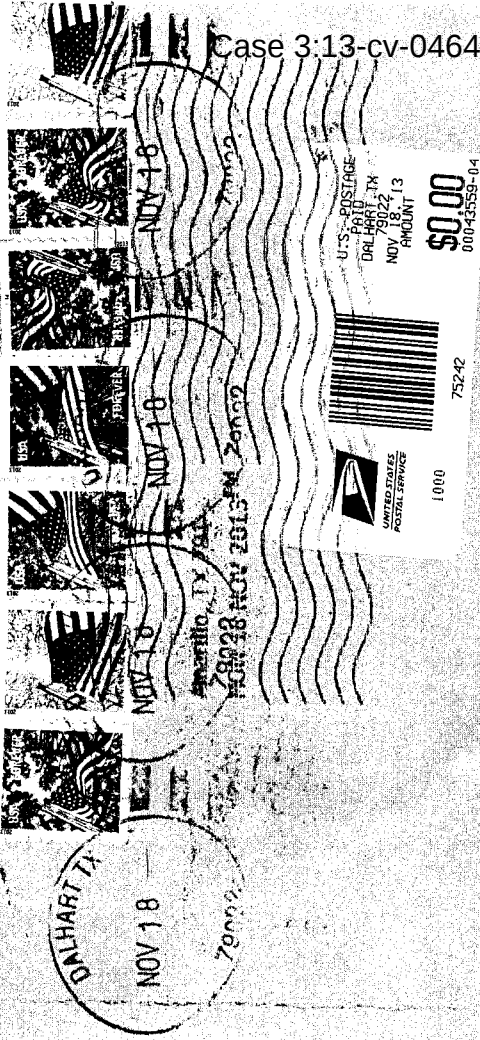
1. Consider repeat polysomnography for CPAP titration. The patient does not meet the usual AHI criterion for CPAP. Sleep quality may improve with CPAP.
2. Consider ENT evaluation for potentially reversible nasal/pharyngeal causes contributing to/worsening the sleep disordered breathing.
3. Oral appliances and surgical options can be considered to treat socially objectionable snoring.
4. Recommend counseling with regards to good sleep hygiene, avoidance of sedatives, and instructions not to drive or indulging in other dangerous activities until excessive daytime sleepiness and sleep disordered breathing is treated.



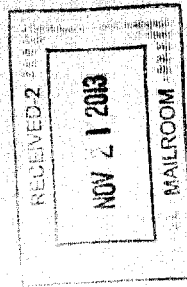
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